ARIZONA
DEPARTMENT OF
REVENUE

2007 PATs Tests Descriptions

Version 1.0

Date: 10/09/2007

Arizona



A total of ten tests

- · 7501, 7502 are tests for Form 140NR
- · 7503, 7504 are tests for Form 140PY
- · 7505 7508 are tests for Form 140
- · 7509 is the test for Form I40A
- · 7510 is the test for Form 140EZ

Test 7501 Form 140NR

ARIZONA



SSN: 400-00-7501

Description: Nonresident, H of H, I Dependent, Refund

Arizona Information:

Forms used: Form 140NR (resident of NM), Schedule ANR, Schedule 1, Schedule 2, Form AZ-8453

Other:

Clean Election Deduction = 5

AZ Estimated Tax Payments = 1,400

Refund to: Aid to Education Fund

Schedule I for Depreciation and Section 179 expense adjustments

Income Information:	Total	Arizona
Wages from two W-2 Forms	47,000	32,000
Interest	140	
Other Gains/Losses from Form 4797	4,730	4,730
Schedule E (Net Rental Income)	27,480	27,480
Schedule F (Net Farming Loss)	(46,225)	(46,225)
Federal AGI	33,125	
Deductions and Adjustments		
Schedule A: Medical and Dental (before reduction)	9,119	
State/Local Taxes (W2 + Estimated)	3,675	
Real Estate Taxes	80	
Personal Property Taxes	1,120	
Home Mortgage Interest	2,352	
Charitable Contributions	500	
Depreciation: excluding Section 179	4,590	4,590
Section 179 Expense	100,000	25,000

Preparer Information:

Name = John Doesky

Firm = Doesky Raebabe and Mimi

Address = 235 Business Street, Cheesetown, PA 17201

Phone = 888-555-1111 Self Employed = No SSN = 400-25-9517 EIN = 88-6863879

to

D1 - 08/27/07 Nonresident Personal Income Tax Return

FOR CALENDAR YEAR 2007 OR

2007

66 FISCAL YEAR BEGINNING AND ENDING YOUR SOCIAL SECURITY NO (required) YOUR FIRST NAME AND INITIAL LAST NAME Marvin E 400-00-7501 NONRESS SPOUSE'S SOCIAL SECURITY NO. (required) IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL LAST NAME 1 PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE DAYTIME PHONE (with area code) 2 452 Sierra Verde CI Check this box if: CITY, TOWN OR POST OFFICE HOME PHONE (with area code) 3 82F Filing under extension Albuquerque, NM 87101 4 Married filing joint return FOR DOR USE ONLY **5** X Head of household - name of qualifying child or dependent ► FREDERICK NONR Filina Married filing separate return. Enter spouse's Social Security Number above and full name here Single Enter the number claimed. Do not put a check mark 88 Exem-8 0 0 Age 65 or over (you and/or spouse) ptions 9 Blind (you and/or spouse) 00 81 80 Dependents. From page 2, line A2 - Do not include self or spouse. 11-13 Residency Status (check one): 11 X Nonresident 13 Composite Return Nonresident Active Military THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN 14 14 Federal AGI 15 15 Arizona income (from page 2, line B15) 17,985 16 16 Additions to income (from page 2, line C20) 79,590 00 **17** Add lines 15 and 16 17 97,575 18 16,249 00 18 Subtractions. No. from line D29a: Attach W-2 19 81,326 19 Arizona AGI. Line 17 minus line 18 ₂₀S 20 20 20 X ITEMIZED 00 STANDARD 9,147 21 21 Personal exemptions 00 2,281 last 22 22 AZ taxable inc. Line 19 minus lines 20 & 21 69,898 00 23 Compute tax. Use Tax Rate Table X or Y 23 2,051 00 retum. If item 24 00 24 Tax from recapture of credits izing, 25 00 25 Subtotal of tax. Add lines 23 and 24 2,051 attach your fed-eral 27 00 26-27 261 X YOURSELF 262 28 00 28 Reduced tax. Subtract line 27 from line 25 2,046 Sche 29 Credits from Arizona Form 301, line 57, or Forms 321, 322 and 323 if Form 301 is not required 29 00 dule A and 3 | | 30 Credit type. Enter form number of each credit claimed: 3 Arizona Clean Elections Fund Tax Credit. From worksheet on page 15 of the instructions 31 00 Sche-32 32 Balance of tax. Subtract lines 29 and 31 from line 28. If the sum of lines 29 and 31 is more than line 28, enter zero 00 dule A 2,046 33 Arizona income tax withheld during 2007 1,775 00 34 Arizona estimated tax payments for 2007 34 00 400 Amount paid with 2007 Arizona extension request (Form 204) 35 00 36 36 00 3**,**175 ATTACH TAX DUE. If line 32 is larger than line 36, subtract line 36 from line 32, and enter amount of tax due. Skip lines 38, 39 and 40 37 00 38 00 OVERPAYMENT. If line 36 is larger than line 32, subtract line 32 from line 36, and enter amount of overpayment 129 Amount of line 38 to be applied to 2008 estimated tax 39 00 Balance of overpayment. Subtract line 39 from line 38 40 00 PAYMENT AID TO EDUCATION
(entire retund only)
(CITIZENS CLEAN
ELECTIONS

DOMESTIC VIOLENCE 41 - 50 Voluntary Gifts to: 41 00 ARIZONA WILDLIFE 42 00 CHILD ABUSE PREVENTION 43 44 00 00 NATIONAL GUARD 45 00 46 00 NEIGHBORS HELPING NEIGHBORS 47 00 48 00 VETERAN'S DONATION 49 00 00 511 Democratic 512 Libertarian 51 Check only one if making a political gift: 51 3 Republican 52 00 Check applicable boxes: 531 Annualized/Other 532 Farmer or Fisherman 533 Form 221 attached 534 **54** Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50 and 52 54 1,129 00 55 REFUND. Subtract line 54 from line 40. If less than zero, enter amount owed on line 56 55 00 Direct Deposit of Refund: See instructions.
ROUTING NUMBER ACCOUNT NUMBER C Checking or AMOUNT OWED. Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. 56 00 Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

arvin E	NONRESS		R SOCIAL SECU 00-00-7:				
A: Dependents - do not list yourself	or spouse						
List children and other dependents.	If more space is needed, attac	h a separate sheet.	NO. OF M	ONTHS LIVED			
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	IN YOUR I	HOME IN 2007			
FREDERICK NONRESS	114-45-6544	SON	1	.2			
Enter total number of persons listed i	n A1 here and on the front of	this form, box 10 • • •		• • • • TOTAL	A2	1	
a Enter the names of the dependent	ts listed above who do not qua	alify as your dependent or	n your federal	return:			
b Enter dependents listed above wh	o were not claimed on your fe	deral return due to educa	ation credits:				
B: Arizona Percent of Total Income			200	7 FEDERAL		2007 ARIZONA	4
			Amount fro	om federal return		Source amount or	nly
Wages, salaries, tips, etc. • • • •				47,000 00		32,0	00
Interest • • • • • • • • • • • • • • • • • • •			B5	140 00			
Dividends			В6	00			
Arizona income tax refunds • • • •			B7	00			
Business income (or loss) from federa	Schedule C		В8	(46,225)00		(46,2	25
Gains (or losses) from federal Schedu				00		(10/2	
Rents, royalties, partnerships, estates, trusts, s	emall business corporations from fed	eral Schedule F • • •	B10	27,480 00	<u> </u>	27,4	80
Other income reported on your federa	'			4,730		4,7	
Total income: Add lines B4 through B				33,125		17,9	
Other federal adjustments. Attach you				33,12300		11,9	00
Federal adjusted gross income. Subtra				33,125 0			
			B14	33,125	/		
Arizona income: Subtract line B13 fro					DAE		
on the front of this form on line 15 •					B15	17,9	
Arizona percentage: Divide line B15 b	by line B14, and enter the resu	ilt (not over 100%) • •	• • • • • •		B16	<u>54</u>	.3
C: Additions to Income							
Early withdrawal of Arizona Retiremen							
Total depreciation included in Arizona					$\overline{}$	4,5	
Other additions to income. See instru	•			<u> </u>	C19	75,0	
Total: Add lines C17 through C19. E	nter here and on the front of the	is form on line 16 • • •	• • • • • •	• • • • • • • •	C20	79 , 5	90
D: Subtractions from Income					_		
Exemption: Age 65 or over. Multiply	the number in box 8, page 1, b	by \$2,100 • • • • • •	D21	00			
Exemption: Blind. Multiply the number	er in box 9, page 1, by \$1,500		D22	00			
Exemption: Dependents. Multiply the	number in box 10, page 1, by	/ \$2,300	D23	2,300 0			
Total exemptions: Add lines D21 throu	ıgh D23		D24	2,300 0			
Multiply line D24 by the percentage or	line B16, and enter the resul	t			D25	1,2	49
Interest on U.S. obligations such as U	.S. savings bonds and treasur	y bills included in the AR	IZONA colum	n • • • • • •	D26		
Arizona state lottery winnings included	=				D27		\neg
Agricultural crops contributed to Arizo					D28		
Construction of an energy efficient residence.		r number D29a	then amount		D29		
Other subtractions from income. See		, maniper	Schedu	ha .1	D30	15,0	\rightarrow
Total: Add lines D25 through D30. En	•	555	Schedu.	re .r	D31	16,2	
					1001	10,2	49
E: Last Name(s) Used in Prior Years	o ii dillerelit irolli name(S) u	seu iii current year					
I have read this return and any attachments	s with it. Under penalties of periury.	declare that to the best of my	knowledge and b	elief, they are true, c	orrect		
and complete. Declaration of preparer (other		-	•	, , , .			
<u> </u>		<u> 10-09-2007</u>	<u>FARM</u>				
YOUR SIGNATURE		DATE	OCCUPAT	TION			
<u> </u>							
SPOUSE'S SIGNATURE		DATE	SPOUSE'S	OCCUPATION			
		DOECKA DYEB	BABE AND	MIMI			
		- DOROKI KARE					
PAID PREPARER'S SIGNATURE		FIRM'S NAME (PREPARE		PLOYED)			
PAID PREPARER'S SIGNATURE 88-6863879	10-09-2007	FIRM'S NAME (PREPARE	R'S IF SELF-EM	PLOYED) ESS STREE	Т		

If you are sending a payment, mail to Arizona Dept of Revenue, PO Box 29204, Phoenix, AZ 85038-9204. If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

ADOR 91-0080sv (07) 1024

AZ Form 140NR (2007)

ARIZONA SCHEDULE A(NR)

YOUR NAME AS SHOWN ON FORM 140NR

Itemized Deductions

For Nonresidents

Attach to your roturn

2007

9,147 00

Attach to your return	
	YOUR SOCIAL SECURITY NUMBER
NONRESS	400-00-7501

Marvin E SPOUSE'S NAME AS SHOWN ON FORM 140NR (if a joint return) SPOUSE'S SOCIAL SECURITY NUMBER Adjustment to Medical and Dental Expenses 9,119 00 1 Medical and dental expenses 2 Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1 2 00 3 00 3 Medical expenses allowed to be taken as a federal itemized deduction 6,635 4 Add line 2 and line 3, and enter the result 00 5 If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6 2,484 Adjustment to Interest Deduction 7 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2007 that is equal to the amount of your 2007 federal credit 00 Adjustment to Gambling Losses 8 Wagering losses allowed as a federal itemized deduction 00 00 9 **9** Total gambling winnings included in your federal adjusted gross income 10 00 10 Authorized Arizona lottery subtraction from Form 140NR, page 2, line D27 · · · · · · · · · 11 00 11 Maximum allowable gambling loss deduction: Subtract line 10 from line 9 12 If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero" 00 **Adjustment to Property Taxes** 13 If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed 00 **Adjustment to Charitable Contributions** 00 14 Amount of charitable contributions for which you are taking a credit under Arizona law **Itemized Deductions 15** Add the amounts on lines 5 and 7 15 2,484 00 16 00 17 Total federal itemized deductions allowed to be taken on federal return 17 14,362 ⁰⁰ 18 Enter the amount from line 15 above 18 **2,484**|00 19 16,846 00 20 00 21 Adjusted itemized deductions: Subtract line 20 from line 19 21 16,846 00 22 Enter your Arizona percentage from Form 140NR, page 2, line B16 22 23 Arizona itemized deductions: Multiply line 21 by the percentage on line 22. Enter

NOTE: You must attach a copy of federal Form 1040, Schedule A to your return if you itemize your deductions.

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074 2007

Attachment

Internal Revenue S	I reas Servic	e (99) ► Attach to Form 1040. ► See Instructions for Schedules A & B (Form 1040).		Sequence No. 07
Name(s) shown or	Forn	n 1040	Your s	ocial security number
<u>Marvin E</u>	E N	ONRESS	400	-00-7501
Medical		Caution. Do not include expenses reimbursed or paid by others.		
and	1	Medical and dental expenses (see page A-1) 1 9,119		
Dental	2	Enter amount from Form 1040, line 38 2 33, 125		
Expenses	3	Multiply line 2 by 7.5% (.075)		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	6,635
Tawaa Yaw	5	State and local (check only one box):		0,033
Taxes You Paid		a X Income taxes, or 5 3,675		
		b General sales Taxes		
(See	6			
page A-2.)	_			
	7	1,120		
	8	Other taxes. List type and amount		
		8		
	9	Add lines 5 through 8 · · · · · · · · · · · · · · · · · ·	9	4,875
Interest	10	Home mortgage interest and points reported to you on Form 1098 - 10 2,352		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6		
(See		and show that person's name, identifying no., and address		
page A-5.)				
Note.				
Personal				
interest is	12	Points not reported to you on Form 1098. See page A-6		
not deductible.		for special rules		
	13	Qualified mortgage insurance premiums (See page A-7) • • • • • 13		
	14	Investment interest. Attach Form 4952 if required. (See		
		page A-7.) • • • • • • • • • • • • • • • • • • •		
	15	Add lines 10 through 14	15	2,352
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or		_,
Charity		more, see page A-8		
•	17	Other than by cash or check. If any gift of \$250 or more,		
If you made a gift and got a		see page A-8. You must attach Form 8283 if over \$500 · · · · · 17		
benefit for it,	18	Carryover from prior year		
see page A-7.		Add lines 16 through 18 · · · · · · · · · · · · · · · · · ·	19	500
Casualty and				300
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-9.)	20	
		Unreimbursed employee expenses - job travel, union		
Job Expenses and Certain	; = -	dues, job education, etc. Attach Form 2106 or 2106-EZ		
Miscellaneous	3	if required. (See page A-9.)		
Deductions			-	
(See				
page A-9.)	22	Tax preparation fees		
•	23	Other expenses - investment, safe deposit box, etc. List		
	20	type and amount		
	24	Add the action of the second o		
		Add lines 21 through 23		
		Enter amount from Form 1040, line 38 25		
		Multiply line 25 by 2% (.02)		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other	28	Other - from list on page A-9. List type and amount		
Miscellaneous	•			
Deductions			28	
Total	29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		
Itemized		No. Your deduction is not limited. Add the amounts in the far right column		
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	14,362
		Yes. Your deduction may be limited. See page A-10 for the amount to enter.		
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

ARIZONA SCHEDULE 1

Listing of Additional Dependents, Parents/Ancestors, Other Additions, and Other Subtractions

2007

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY		Social Security Number	
Marvin E	NONRESS	400-00-7501	

Additional Dependents

				No. of Months Lived
	FIRST AND LAST NAME	SSN	RELATIONSHIP	in Your Home in 2007
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				
Additional Qualify	ring Parent/Ancestors			
Parent/Ancestor 2				
Parent/Ancestor 3				
Parent/Ancestor 4				
Other Additions L	isting			
	Description			Amount
A.	Pension Adjustments			
В	Married Persons Filing Separate Retur	ns		

B. Married Persons Filing Separate Returns

- C. Partnership Income D. Fiduciary Adjustment
- E. Net Operating Losses F. Items Previously Deducted for Arizona Purposes
- Claim of Right Adjustment for Amounts Repaid in 2007
- H. Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years
- I. Addition to S Corporation Income Due to Credits Claimed
- J. Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses
- Wage Expense for Employers of TANF Recipients Motion Picture Production Expenses
- M. Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses
- N. Depreciation or Amortization for a Water Conservation System
- O. Agricultural Water Conservation System Credit
- P. Other Adjustments (see instructions) 75,000 See Schedule 2 **Total Other Additions** 75,000

Other Subtractions Listing

	Description	Amount
A.	Previously Reported Gain on Decedent's Installment Sale	
B.	Fiduciary Adjustment	
C.	Partnership Income	
D.	Federally Taxable Arizona Municipal Interest	
E.	Adoption Expenses	
F.	Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G.	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
Н.	Certain Expenses Not Allowed for Federal Purposes	
I.	Qualified State Tuition Program Distributions	
J.	Subtraction for World War II Victims	
K.	Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L.	Agricultural Crops Given to Arizona Charities	
M.	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N.	Adjustment for IRC § 179 Expense Not Allowed	15,000
Ο.	Displaced Pupil Choice Grant Awards	
Р	Other Adjustments (see instructions)	

Total Other Subtractions

15,000

2007 Arizona Schedule 2

Name(s) as shown on Forms 140, 140,	A, 140NR, or 140PY	Social Security Number	
Marvin E	NONRESS	400-00-7501	

Schedule 1 Additions, Line P: Excess Section 179

a Control number		OMB No. 15	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
11-1222333			32,000	5,600
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
THE EMPLOYER			32,000	1,984
			5 Medicare wages and tips	6 Medicare tax withheld
THE ROAD			32,000	464
WAYNESVILLE	NC	28786	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-7501				
e Employee's first name and initial	Last name	Suff	11 Nonqualified plans	12a See instructions for box 12 C
MARVIN E NONE	ESS		13 Statutory Retmnt. Third-party sick pay	12b C 8
452 Sierra Verde CT			14 Other	12c C
Albuquerque	NM	87101		Coope
				12d C .
				Coe
f Employee's address and ZIP code				
15 State Employer's state ID no. 16 Sta	ate wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
AZ 11-1222333	32,000	1,775		

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Freturn by DOESKY RAEBABE AND MIMI.



a Control number		ON	MB No. 1545-	Safe, accurate, FAST! Use IRS e-	file	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)				1 Wages, tips, other compensation	2	Federal income tax withheld
11-1222334				15,000		1,100
C Employer's name, address, and ZIP code				3 Social security wages	4	Social security tax withheld
HATCH CHILE COMPANY				15,000		930
				5 Medicare wages and tips	6	Medicare tax withheld
542 MAIN STREET				15,000		218
Albuquerque	NM	87102	2	7 Social security tips	8	Allocated tips
d Employee's social security number				9 Advance EIC payment	10	Dependent care benefits
400-00-7501						
e Employee's first name and initial La	st name		Suff.	11 Nonqualified plans	12a C Q e	See instructions for box 12
MARVIN E NONRES	SS			13 Statutory employee plan Third-party sick pay	12t	
452 Sierra Verde CT				14 Other	12 0	C
Albuquerque	NM	87101	L		ĕ	
· ·					12 0	d
					Cag	
f Employee's address and ZIP code						
5 State Employer's state ID no. 16 State	wages, tips, etc. 1	7 State inc	ome tax	18 Local wages, tips, etc. 19 Local in	come	tax 20 Locality name
NM 1489484	15,000		500			
1	- 7					
i					1	
i						

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2007

Department of the Treasury-Internal Revenue Service

The information on the Form W-2 was used to prepare the taxpayer's 2007 $^{\rm F}$ return by DOESKY RAEBABE AND MIMI.



Test 7502 From 140NR

ARIZONA



SSN: 400-00-7502

Description: Nonresident (Military), MFJ, I Dependent, Direct Deposit Refund, Extension

Arizona Information:

Forms used: Form I40NR (resident of UT), Form AZ-8879

Other:

Clean Election Deduction = 10 Routing Number: 021234567

Payment made with Extension = 100 Checking Acct #: 123123123

Contributions to the following check-off funds: AZ Wildlife: 5, Citizens' Clean Elections: 10, Child Abuse Prevention: 15, Domestic Violence Shelter: 20, National Guard Relief: 25, Neighbors Helping Neighbors: 30, Special Olympics: 35, Veterans' Fund: 37, Political Gift (Libertarian Party): 40, Total contributions: 217

Income Information:		Total	Arizona
Wages from two W-2 Forms		50,000	40,000
Pension (From 1099R)	Total: 15,000 Taxable:	12,000	_
Social Security	Total: 2,200 Taxable:	1,870	_
Federal AGI		63,870	

Deductions and Adjustments

Both Spouses are Over 65

Preparer Information:

Name = Fred Smith Firm = Taxes R Us Address = Altamont, UT 84001 Phone = 800-555-1212 Self Employed = Yes SSN = 111-11-1111

to

D1 - 08/27/07 Nonresident Personal Income Tax Return

2007

FOR CALENDAR YEAR 2007 OR 66 FISCAL YEAR BEGINNING AND ENDING YOUR SOCIAL SECURITY NO (required) YOUR FIRST NAME AND INITIAL LAST NAME George I 400-00-7502 NONMILLY IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL SPOUSE'S SOCIAL SECURITY NO. (required) LAST NAME 1 ISABEL H 400-00-7567 NONMILLY PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE DAYTIME PHONE (with area code) 89 X 2 341 RONALD RD Check this box if: CITY, TOWN OR POST OFFICE STATE ZIP CODE HOME PHONE (with area code) 3 82F X Filing under extension Salt Lake City, 84101 4 X Married filing joint return FOR DOR USE ONLY Head of household - name of qualifying child or dependent Filina Married filing separate return. Enter spouse's Social Security Number above and full name here Single Enter the number claimed. Do not put a check mark 88 Exem-Age 65 or over (you and/or spouse) ptions 9 Blind (you and/or spouse) 00 81 80 Dependents. From page 2, line A2 - Do not include self or spouse. 11-13 Residency Status (check one): 11 12 Nonresident Active Military 13 Composite Return Nonresident THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN 14 63,870 00 14 Federal AGI 15 40,000 **15** Arizona income (from page 2, line B15) 16 00 16 Additions to income (from page 2, line C20) **17** Add lines 15 and 16 • • • • • 17 40,000 00 18 00 18 Subtractions. No. from line D29a: 4,069 Attach W-2 19 35,931 19 Arizona AGI. Line 17 minus line 18 20 20 I ITEMIZED 20S X STANDARD 20 8,745 00 back 21 21 Personal exemptions 6,300 00 last 22 22 AZ taxable inc. Line 19 minus lines 20 & 21 20,886 00 23 Compute tax. Use Tax Rate Table X or Y 23 543 00 retum. If item 24 00 24 Tax from recapture of credits izing, 25 00 25 Subtotal of tax. Add lines 23 and 24 54 attach your fed-eral 262 X SPOUSE 27 00 26-27 261 X YOURSELF 10 28 00 28 Reduced tax. Subtract line 27 from line 25 533 Sche 29 Credits from Arizona Form 301, line 57, or Forms 321, 322 and 323 if Form 301 is not required 29 00 dule A and 3 | | 30 Credit type. Enter form number of each credit claimed: 3 Arizona Clean Elections Fund Tax Credit. From worksheet on page 15 of the instructions 31 00 Sche-32 32 Balance of tax. Subtract lines 29 and 31 from line 28. If the sum of lines 29 and 31 is more than line 28, enter zero <u>53</u> 00 dule A 33 00 Arizona income tax withheld during 2007 500 34 Arizona estimated tax payments for 2007 34 00 Amount paid with 2007 Arizona extension request (Form 204) 35 100 00 36 36 1,600 00 ATTACH TAX DUE. If line 32 is larger than line 36, subtract line 36 from line 32, and enter amount of tax due. Skip lines 38, 39 and 40 37 00 OVERPAYMENT. If line 36 is larger than line 32, subtract line 32 from line 36, and enter amount of overpayment 38 06 00 Amount of line 38 to be applied to 2008 estimated tax 39 00 Balance of overpayment. Subtract line 39 from line 38 40 067 00 PAYMENT AID TO EDUCATION
(entire retund only)
(CITIZENS CLEAN
ELECTIONS

DOMESTIC VIOLENCE 41 - 50 Voluntary Gifts to: 00 ARIZONA WILDLIFE 5 00 CHILD ABUSE PREVENTION 43 00 44 15 00 10 NATIONAL GUARD RELIEF FUND 45 46 25 00 20 00 NEIGHBORS HELPING NEIGHBORS 47 30 00 48 35 00 VETERAN'S DONATION 40 00 49 37 00 511 Democratic 512 X Libertarian 51 Check only one if making a political gift: 51 3 Republican 52 00 Check applicable boxes: 531 Annualized/Other 532 Farmer or Fisherman 533 Form 221 attached 534 **54** Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50 and 52 54 00 217 55 REFUND. Subtract line 54 from line 40. If less than zero, enter amount owed on line 56 55 850 00 Direct Deposit of Refund: See instructions.

ROUTING NUMBER ACCOUNT NUMBER C X Checking or 021234567 123123123 AMOUNT OWED. Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. 56 00 Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

	OUR NAME AS SHOWN ON PAGE 1 eorge I	NONMILLY	Y		0-7502			
	A: Dependents - do not list yourself o			100 0	0 1002			
A 1	List children and other dependents. If	more space is needed, attach	n a separate sheet.	NC	. OF MONTHS LIVED			
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHI	- INI	YOUR HOME IN 2007			
	GERTRUDE NONMILLY	111-22-2444	DAUGHTER		12			
	<u> </u>							
A2	Enter total number of persons listed in	A1 here and on the front of the	nis form, box 10		····TOTAL	A2	1	
А3	a Enter the names of the dependents	listed above who do not qual	lify as your depender	nt on your f	ederal return:	•		
	b Enter dependents listed above who	were not claimed on your fed	deral return due to ed	ducation cre	edits:			
PART	B: Arizona Percent of Total Income				2007 FEDERAL		2007 ARIZONA	
					ount from federal return	$\neg \vdash \!$	Source amount only	
B4	Wages, salaries, tips, etc. • • • • •				30,000	\neg	40,00	
B5	Interest				+	⊣—		00
B6	Bividolido	• • • • • • • • • • • • • • • • • • • •				⊣—		00
B7	Arizona income tax refunds • • • • •				 	⊣—		00
B8	Business income (or loss) from federal					⊣—		00
B9	Gains (or losses) from federal Schedule				 	⊣⊢—		00
310 311	Rents, royalties, partnerships, estates, trusts, sm	'	ral Schedule E	B10		⊣⊢—		00
312	Other income reported on your federal in Total income : Add lines B4 through B1				13,070		40.00	00
313	Other federal adjustments. Attach your				00/070	\neg	40,00	00
314	Federal adjusted gross income. Subtract							
315	Arizona income: Subtract line B13 from				05,070	<u> </u>		
	on the front of this form on line 15 • •					- B15	40,00	n 00
316	Arizona percentage: Divide line B15 by						62.	
PART	C: Additions to Income	·	,				02.	<u> </u>
217	Early withdrawal of Arizona Retirement	System contributions				. C17		00
218	Total depreciation included in Arizona g							00
219	Other additions to income. See instruct	ions and attach your own sch	nedule • • • • •			. C19		00
220	Total: Add lines C17 through C19. Ent	er here and on the front of thi	s form on line 16 •			. C20		00
PART	D: Subtractions from Income					_		
21	Exemption: Age 65 or over. Multiply th	e number in box 8, page 1, by	y \$2,100 · · · ·	D21	4,2000	0		
)22	Exemption: Blind. Multiply the number		• • • • • • • •	D22		_		
023	Exemption: Dependents. Multiply the r		\$2,300	D23	2/300			
024	Total exemptions: Add lines D21 through		• • • • • • • • • •		0,300			
025	Multiply line D24 by the percentage on					D25	4,06	
026	Interest on U.S. obligations such as U.S.	•			column • • • • •	_		00
27	Arizona state lottery winnings included		column (up to \$5,000	only)		D27		00
28	Agricultural crops contributed to Arizona	_	D200	<u> </u>	• • • • • • • • • • •	D28		00
)29)30	Construction of an energy efficient residence. See	, •		, then amo	ount • • • • • • •	D29		00
)30)31	Other subtractions from income. See in Total: Add lines D25 through D30. Ent	•		• • • • •		. D30	4 06	00
	E: Last Name(s) Used in Prior Years					• 551	4,06	9 00
32	. Last Name(s) Osed in Frior Tears	ii dillerent irolli hame(s) us	ed in current year					
P	I have read this return and any attachments v					correct		
E	and complete. Declaration of preparer (other	than taxpayer) is based on all inform	nation of which preparer h	nas any knowl	edge.			
A S	•		10-09-200	7 F.	armer			
E	YOUR SIGNATURE		10-09-200 DATE	, oc	CUPATION			—
s	▶		10-09-200	7 P	ilot			
G	SPOUSE'S SIGNATURE		DATE		OUSE'S OCCUPATION			
N			Taxes R U	s				
H E	PAID PREPARER'S SIGNATURE		FIRM'S NAME (PREPA	ARER'S IF SE	ELF-EMPLOYED)			_
R	111-11-1111	10-09-2007	<u>•</u>					
E	PAID PREPARER'S TIN	DATE PAID P	REPARER'S ADDRES	ltamo	nt, UT 8400)1		
vou a	re sending a payment, mail to Arizona Dept of Rev							

If you are sending a payment, mail to Arizona Dept of Revenue, PO Box 29/204, Pricentx, AZ 00030-92/04. If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29/205, Phoenix, AZ 85038-9205.

ADOR 91-0080sv (07) 1024

AZ Form 140NR (2007)

ARIZONA FORM AZ-8879

Arizona Department of Revenue E-file Signature Authorization

2007

YOUR FIRST N	IAME AND INITIAL	LAST N	AME	YOUR SOCIAL SECURITY NO.
George	I	NON	MILLY	400-00-7502
IF A JOINT RE	TURN, SPOUSE'S FIRST NAME AND INITIAL	LAST N	AME	SPOUSE'S SOCIAL SECURITY NO.
<u>ISABEL</u>		NON	MILLY	400-00-7567
PARTI PU				
•	the truthfulness, correctness, and comple			
	ize the Electronic Return Originator (ERO	,	• •	. ,
	dividual income tax return as the taxpayer	<u> </u>		
PARII-IA	X RETURN INFORMATION		PART II - FINANCIAL INSTITUTION	
	4 05 001 00	¬ I	Must be present when requesting dir	·
	Adjusted Gross Income 1 35,931 00		_	OUTING NUMBER
_	Of Tax • • • • • • 2 533 00	╗	X Checking Savings	0 2 1 2 3 4 5 6 7
	1 / 3 0 0 5	Ή I ŕ	ACCOUNT NUMBER	
Check box 4 C	or box 5: D. Enter the amount of refund •••••••	4 850 00	1 2 3 1 2 3 1 2 3 DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
	FYOU OWE. Enter the amount owed	4 850 00 I	SINCE I DEBIT REGULATE STATE	
	kbox - Refund: You are due a refund ba			
	d in the Financial Institution Information S		ovided on your tax retain. Tour reta	na amount wiii be deposited in the
	kbox - Amount You Owe: You owe taxe	,	on provided on your tax return. You	have elected to direct debit for
	e payment will be withdrawn from the acco	_	•	
	· •			
PARTIII DI	ECLARATION AND SIGNATURE AUTHO	ORIZATION (Sign only a	after completing Part II)	
Under penalites	s of perjury, I declare that I have examined a paper of	copy of my electronic Arizona	ndividual income tax return and accompanyi	ng schedules and statements
for the year end	ling December 31, 2007, and to the best of my know	vledge and belief, it is true, con	rect, and complete. I further declare that the	amounts of Arizona
adjusted gross	income, total tax, Arizona income tax withheld, and	refund (or amount owed) listed	d above are the amounts shown on the paper	r copy of my electronic
Arizona income	tax return.			
6a <u>X</u>	I consent that my refund be directly deposited as joint return, this is an irrevocable appointment of		•	ax return. If I have filed a
6b	I do not want direct deposit of my refund or I am r	not receiving a refund.		
6c	I authorize the Arizona Department of Revenue (I entry to the financial institution account indicated the financial institutions involved in the processing and resolve issues related to the payment.	in the tax preparation software	e for payment of my Arizona taxes owed on the	his return. I also authorize
the tax liability	balance due return, I understand that if the DOR do and all applicable interest and penalties. When elec stronic portion of my state return will also be rejected	tronically filing my federal and		
schedules and s OLSP and/or tra is rejected, the reason(s) for the	Electronic Return Originator (ERO) or On-Line Senstatements to DOR, and I consent to my ERO or OL ansmitter an acknowledgement of receipt of transmireason(s) for the rejection. If the processing of my redelay, or when the refund was sent. If DOR contact authorize my ERO to release copies of the requeste	SP sending such information ssion and an indication of whe eturn or refund is delayed, I aucts my ERO for a copy of my r	to DOR through a transmitter. I consent to Do ther or not the transmission of my return is a thorize DOR to disclose to my ERO, OLSP a	OR sending my ER0, accepted and, if the return and/or transmitter the
I authorize <u>E</u>	ddie Ensley III (ELECTRONIC RETURN ORIGINATO		e election that I want my electronic signature	to my electronic federal individual
ERO makes the will have signed and complete. I	orn to serve as my signature to my electronic Arizona e election that my electronic signature to my federal d my Arizona individual income tax return and decla I further understand that if my ERO fails to make the ual income tax return, I will need to execute Arizona	individual income tax return w red under penalites of perjury e election of my electronic sign	ill serve as my signature to my Arizona indivithat to the best of my knowledge and belief t	idual income tax return, I he return is true, α
Р				
P YOUI			<u>10-09-2007</u>	
SH YOU	R PEN AND INK SIGNATURE		DATE	
E R				
S			10-09-2007	
SPOL SPOL	JSE'S PEN AND INK SIGNATURE		DATE	

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

a Control number		OMB No. 1	Safe, accurate, FAST! Use IRS 6	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)	<u> </u>		1 Wages, tips, other compensation	2 Federal income tax withheld
11-1222333			40,000	
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
THE EMPLOYER			40,000	2,480
			5 Medicare wages and tips	6 Medicare tax withheld
THE ROAD			40,000	580
WAYNESVILLE	NC	28786	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-7502				
e Employee's first name and initial	Last name	Su	ff. 11 Nonqualified plans	12a See instructions for box 12
GEORGE I NON	MILLY		13 Statutory Retmnt. Third-party sick pay	12b C 8e
341 RONALD RD			14 Other	12c
Salt Lake City	UT	84101		C e
·				12d
				C e
f Employee's address and ZIP code				
15 State Employer's state ID no. 16	State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
AZ 11-1222333	40,000	1,50		
		, , ,		
	•			

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Freturn by Taxes R Us.



a Control number		(DMB No. 1545-	Safe, accurate, FAST! Use IRS e-	file	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)				1 Wages, tips, other compensation	2	Federal income tax withheld
11-1222387				10,000		1,250
C Employer's name, address, and ZIP code				3 Social security wages	4	Social security tax withheld
U. S. AIR FORCE				10,000		620
				5 Medicare wages and tips	6	Medicare tax withheld
1817 Mountain Vista F	Road			10,000		145
Fort Collins	CO	8052	1	7 Social security tips	8	Allocated tips
d Employee's social security number				9 Advance EIC payment	10	Dependent care benefits
400-00-7567					<u> </u>	
e Employee's first name and initial La	st name		Suff.	11 Nonqualified plans	12a C 8 e	See instructions for box 12
ISABEL H NONMII	LY.			13 Statutory Retmnt. Third-party sick pay	12b C 8e	
341 RONALD RD				14 Other	12 0	С
Salt Lake City	UT	8410	1		ĕ	
					120	d
					C 8	
f Employee's address and ZIP code					-	
	wages, tips, etc.	17 State in	ncome tax	18 Local wages, tips, etc. 19 Local in	come	tax 20 Locality name
JT 12-3444777	10,000		1,000			
			_,			
					1	
1						

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Freturn by Taxes R Us.

	VOID COR	RECTED				
PAYER'S name, street address, city, state	e, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From		
Retirement Annuit	Retirement Annuity Fund of Americ		2007 Form 1099-R	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAS, Insurance Contracts, etc.		
Lancaster	PA 17601	\$ 12,000 2b Taxable amount not determined	Total distribution	Copy A		
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	For Internal Revenue Service Center		
11-1222334	400-00-7567	\$	\$	File with Form 1096.		
RECIPIENT'S name		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$	6 Net unrealized appreciation in employer's securities	For Privacy Act and Paperwork Reduction Act Notice, see the		
Street address (including apt. no.)		7 Distribution Code IRA/ SEP/ SIMPLE	8 Other	2007 General Instructions for		
341 RONALD RD		1	\$ %			
City, state, and ZIP code Salt Lake City	UT 97309	9a Your percentage of total distribution %	9b Total employee contributions \$	1098, 5498, and W-2G.		
_	st year of desig. Roth contrib.	10 State tax withheld	11 State/Payer's state no. UT 1489484	12 state distribution \$ 12,000		
Account number (see instructions)		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$		

Form **1099-R**

Department of the Treasury - Internal Revenue Service Federal tax return by Taxes R Us.

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by Taxes R Us



ARIZONA



SSN: 400-00-7503

11,750

Description: Part year Resident, MFJ, I Blind, 3 Dependents, Refund

Arizona Information:

Forms used: Form 140PY (resident of AZ & NC), Schedule APYN, Form AZ-8453

Other:

Clean Election Deduction = 10

Federal Schedule A Total

Refund to: Aid to Education Fund

AZ residency: July I to December 31

Taxpayers' Daytime Phone Number 520-349-5960

Taxpayers' Home Phone Number 520-524-4838

(Standard Deduction)

Income Information:	Total	Arizona
Wages from two W-2 Forms	62,840	32,000
Federal AGI	62,840	
Deductions and Adjustments		
Medical and Dental paid while an AZ resident		3,800
Taxes incurred and paid while an AZ resident		2,196
Home Mortgage Interest paid while an AZ resident		5,700
Gifts to Charity paid while an AZ resident		400
Medical and Dental paid while a nonresident of AZ but partially allowable		
as an AZ deduction		1,562

Part-Year Resident Personal Income Tax Retur D1 - 8/27/07 ARIZONA FORM FOR CALENDAR YEAR 2007 OR 140PY FISCAL YEAR BEGINNING AND ENDING YOUR FIRST NAME AND INITIAL LAST NAME YOUR SOCIAL SECURITY NO. (required) Thomas D 400-00-7503 Partyguy IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL SPOUSE'S SOCIAL SECURITY NO. (required) LAST NAME 400-00-7568 MARY B Partyguy PRESENT HOME ADDRESS - NO. AND STREET, RURAL ROUTE APT NO DAYTIME PHONE (with area code) **IMPORTANT** 2 923 HOPE ST 520-349-5960 CITY, TOWN OR POST OFFICE STATE ZIP CODE Check this box if: HOME PHONE (with area code) 3 82F X Filing under extension 520-524-4838 DOUGLAS, AZ85607 FOR DOR USE ONLY 4 X Married filing joint return 5 Head of household - name of qualifying child or dependent Filing 6 Married filing separate return. Enter spouse's Social Security Number above Status and full name here. Single 88 Enter the Age 65 or over (you and/or spouse) number 9 Blind (you and/or spouse) Exemclaimed 1003 Dependents. From page 2, line A2 - do not include self or spouse. a check 81 Qualifying parents and ancestors of your parents from page 2, line A5. 13 12 X Part-Year Resident Other than Active Military Residency Status (check one): Part-Year Resident Active Military 14 Federal AGI • 14 THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM <u>62,840 00</u> YOUR RETURN **15** Arizona income (from page 2, line B19) 15 00 32,000 16 Additions to income (from page 2, line C24) 00 **17** Add lines 15 and 16 17 00 32,000 Subtractions. Number from line D34a. 181 18 4,276 00 19 Arizona AGI. Line 17 minus line 18 · · · 19 27,724 00 20₂₀I X ITEMIZED 20 S STANDARD 20 12,715 Attach W-2 21 21 Personal exemptions 3,207 00 to 22 22 AZ taxable inc. Ln 19 minus lines 20 & 21 00 11,802 of 23 23 Compute tax. Use Tax Table X or Y . . 306 00 last 24 Tax from recapture of credits 00 of the 25 Subtotal of tax. Add lines 23 and 24 25 00 306 retum. 26-27 261 X YOURSELF 262 X SPOUSE If item 27 00 10 izing, 28 Reduced tax. Subtract line 27 from line 25 296 00 attach your fed-29 00 Family income tax credit from worksheet on page 16 of the instructions eral 30 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322 and 323 if Form 301 is not required 30 00 Sche-3 Credit type. Enter form number of each credit claimed: 31 31 dule 32 Clean Elections Fund Tax Credit. From worksheet on page 18 of the instructions 32 00 Ari-33 00 zona 296 Balance of tax. Subtract lines 29, 30 and 32 from line 28. If the sum of lines 29, 30 and 32 is more than line 28, enter zero Sche-34 00 Arizona income tax withheld during 2007 796 dule A 35 00 35 Arizona estimated tax payments for 2007 Amount paid with 2007 Arizona extension request (Form 204) 00 37 37 00 Increased Excise Tax Credit. From worksheet on page 18 of the instructions 38 Total payments/refundable credits. Add lines 34 through 37 38 796 00 ATTACH TAX DUE. If line 33 is larger than line 38, subtract line 38 from line 33, & enter amount of tax due. Skip lines 40, 41 & 42 39 00 **OVERPAYMENT.** If line 38 is larger than line 33, subtract line 33 from line 38, and enter amount of overpayment 40 00 500 Amount of line 40 to be applied to 2008 estimated tax 41 00 42 Balance of overpayment. Subtract line 41 from line 40 42 00 500 PAYMENT AID TO EDUCATION (entire refund only) 43 - 52 Voluntary Gifts to: 500l 00 ARIZONA WILDLIFE CHILD ABUSE PREVENTION 46 00 CITIZENS CLEAN ELECTIONS DOMESTIC VIOLENCE SHELTER •••••• NEIGHBORS HELPING NEIGHBORS ••••• 45 00 NATIONAL GUARD RELIEF FUND • 47 00 48 00 49 00 50 00 SPECIAL OLYMPICS VETERAN'S DONATION 51 00 00 POLITICAL GIFT HERE 531 Democratic ₅₃ 2 53 Check only one if making a political gift: Libertarian 54 Estimated payment penalty and MSA withdrawal penalty 54 00 Check applicable boxes: 55 1 Annualized/Other 55 2 Farmer or Fisherman 55 3 Form 221 attached 55 4 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51, 52 and 54 56 00 500 57 REFUND. Subtract line 56 from line 42. If less than zero, enter amount owed on line 58 57 00 Direct Deposit of Refund:
ROUTING NUMBER

See instructions.
ACCOUNT NUMBER Checking or 00

AMOUNT OWED. Add lines 39 and 56. Make check payable to Arizona Department of Revenue; include SSN on payment.

Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

58

e-file / Fast Safe Secure

LT			artyguy			00-7503	J	D1 - 8/27/07
	A1	List children and other dependents. D	o not list yourself or spouse. I	f more space is nee	eded,		_	
		attach a separate sheet.				NO. OF MONTHS		
		FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSH	НР	LIVED IN YOUR HOME IN 2007		
		JEFFREY Partyguy	400-55-7566	SON		12	1	
PART		SAMUEL Partyguy	400-55-7567	SON		12	1	
A:		SANDRA Partyguy	400-55-7568	DAUGHTER		12	1	
	A2	Enter total number of persons listed in				• • • • • • • TOTAL	A2	3
D		a Enter the names of the dependents		,				
e			l lotted above who do not quan	ily do your dopondo	int on you	Todorar Totarri.	1	
p e		b Enter dependents listed above who	were not claimed on your fed	eral return due to e	ducation o	radite:	J	
n		Enter dependents listed above who	were not claimed on your lea	erai return due to e	ducation	ieuits.	٦	
d e		List qualifying parents and ancestors	of your paranta. If mare apage	is pooded, attach	a concrete	ahaat	J	
n +	A4							
S		You cannot list the same person here		imation on who is a	ı qualliying	NO. OF MONTHS	٦	
		parent or ancestor of your parents, se		1		LIVED IN YOUR		
		FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSH	HIP	HOME IN 2007	-	
	١		<u> </u>				-	
		Enter total number of persons listed in			• • • • •		A5	0
			<u>-01-2007</u> to <u>12-3</u>			2007 FEDERAL		2007 ARIZONA
		List other state(s) of residency: ' Wages, salaries, tips, etc.				mount from federal return		Amount only
	B7	Wages, salaries, tips, etc. • • • •	• • • • • • • • • • • • • • •	• • • • • • • • • •	· · · B	02,030		32,000 00
PART		Interest · · · · · · · · · · · · · · · · · · ·						00
B:		Dividends				9 00		00
		Arizona income tax refunds • • •				00		00
Ari-		Alimony received • • • • • • • • • • • • • • • • • • •				1 00		00
zona		2 Business income (or loss) from federa				2 00		00
Per- cent	B13	Gains (or losses) from federal Schedu	ule D · · · · · · · · · · · · · · · · · ·	• • • • • • • • •	• • • B1	3 00		00
of		Rents, royalties, partnerships, estates, trusts,			B1	4 00		00
Total		Other income reported on your federa				5 00		00
Income	B16	Total income: Add lines B7 through B				6 62,840 00		32,000 00
	B17	Federal adjustments. Attach your owr	schedule		B1			00
	B18	B Federal adjusted gross income. Subtr	act line B17 from line B16 in t	he FEDERAL colun	nn B1	8 62,840 00		
	B19	Arizona income: Subtract line B17 from line B2	16 in the ARIZONA column. Enter he	re and on page 1 of this	form, line 1	;	B19	32,000 00
	B20	Arizona percentage: Divide line B19 by line B1	8, and enter the result (not over 100	%) • • • • •			B20	50.9%
PART	C21	Early withdrawal of Arizona Retirement	nt System contributions • •				C21	00
C:	C22	2 Total depreciation included in Arizona	gross income				C22	00
Addi-	C23	3 Other additions to income. See instru	ictions and attach your own so	chedule • • • •			C23	00
tions	C24	Total: Add lines C21 through C23. Er	nter here and on page 1 of this	s form on line 16			C24	00
	D25	Exemption: Age 65 or over. Multiply t	he number in box 8, page 1, b	oy \$2,100 • • •	· · · D2	5 00		
	D26	Exemption: Blind. Multiply the number	er in box 9, page 1, by \$1,500		D2	1,500 00		
PART	D27	Exemption: Dependents. Multiply the	number in box 10, page 1, by	\$2,300 • • • •	D2			
D:	D28	Exemption: Qualifying parents and ancestors.	Multiply the number in box 11, page	1. bv \$10.000	D2		7	
		Total exemptions: Add lines D25 through			D2	9 8,400 00		
Sub-	D30	Multiply line D29 by the percentage of	n line B20, and enter the resul	lt			D30	4,276 00
trac-	l	Interest on U.S. obligations such as U			he ARIZO	NA column • • • • •	D31	00
tions	l .	2 Arizona state lottery winnings include	=	-			D32	00
from	D33	U.S. Social Security or Railroad Retire		, ,	• .		D33	00
Income	1	Construction of an energy efficient residence.		· —	, then amo	unt • • • • • • • • •	D34	00
		Other subtractions from income. See	. •				D35	00
		Total: Add lines D30 through D35. En					D36	4,276 00
		Last name(s) used in prior years if different fro		,				4,270
Р		ave read this return and any attachments with it. It complete. Declaration of preparer (other than to						
L	.	z complete. Z colaration of proparer (carlor train t	anpayor, io bacca on all illionidation of	or milion proparer mae ar		NSTRUCTION F	\triangle	// A NT
E	Y	YOUR SIGNATURE		DATE		UPATION E	OKE	TETIA
A S E	Н 🚬						<u> </u>	CCTONAT
E	E P_ R s	SPOUSE'S SIGNATURE		DATE		AL ESTATE PR USE'S OCCUPATION	OF E.S	POTOMATI
	E			-	3. 0			
1	P	PAID PREPARER'S SIGNATURE		FIRM'S NAME (PRE	PARER'S IF	SELF-EMPLOYED)		
G				,				
	- P	PAID PREPARER'S TIN DATE	PAID PREPARE	R'S ADDRESS				
				,				

YOUR SOCIAL SECURITY NO.

YOUR NAME AS SHOWN ON PAGE 1

2007

ARIZONA SCHEDULE A(PYN)

Itemized Deductions For Part-Year Residents

Who also had Arizona source income during the period of the year while a nonresident.

Attach to your return

YOUR NA	ME	AS SHOWN ON FORM 140PY	, , , , , , , , , , , , , , , , , , ,			YOUR SOCIAL	SECL	JRITY NUMBER	1	
Thom	as	s D	Partyguy			400-00	7.	503		
SPOUSE'	S N	AME AS SHOWN ON FORM 140PY (if a joint re				SPOUSE'S SO	CIAL S	SECURITY NUM	1BER	
<u>MARY</u>	Ε	3	Partyguy			400-00	<u> 7-7.</u>	<u> 568 </u>		
Part I:		mized Deductions for the Period of t urce Itemized Deductions for the Pe	he Year While an Arizona Resident Plus Arizon riod While a Nonresident	а						
	Me	edical and Dental Expenses • Taxes	 Interest Expense Gifts to Charity 							
		•	and paid while an Arizona resident plus the amour ou incurred and paid during the part of the year wh							
		Arizona nonresident • • • • • •				· · · · · · ·	1	3	,800	00
			, Schedule A, that you incurred and paid while an α from Arizona sources that you incurred and paid α	durin	g					
		the part of the year while an Arizona no		• •	• • • •		2		<u>,196</u>	-
		Interest expense: See instructions	• • • • • • • • • • • • • • • • • • • •	• •	• • • • •		3	5	<u>,700</u>	00
			rm 1040, Schedule A, that you incurred and paid w							
		·	ch gifts from Arizona sources that you incurred and	•						
_			zona nonresident · · · · · · · · · · · · · · · · · · ·	• •	• • • •		4		400	00
		sualty and Theft Losses	Farm 4040, Oak adula A. after analysis		1		-			
	5	• • •	Form 1040, Schedule A, after applying	_						
	6		e limitation and the \$100 per loss floor •••••	5		00	4			
		Casualty loss(es) allowable on federal		6		00	,l			
		federal adjusted gross income limitatio	e you were an Arizona resident plus the	\vdash		- 100	Ή			
		amount of loss from Arizona sources of								
		part of the year while an Arizona nonre		7		00				
		•	ercentage	8		%	┥			
			e 8 · · · · · · · · · · · · · · · · · ·				9			00
	$\overline{}$	b Expenses and Other Miscellaneou					+ - 1			100
		Miscellaneous expenses subject to th								
		limitation allowable on federal Form 1								
		limitation • • • • • • • • • • • • • • • • • • •		10		00	5			
	11	Amount on line 10 that you incurred a	nd paid while an Arizona resident plus							
		the amount on line 10 from Arizona so	ources that you incurred and paid during							
		the part of the year while an Arizona r	nonresident	11		00				
	12	Divide line 11 by line 10, and enter the	e percentage · · · · · · · · · · · · · · · · · · ·	12		%				
	13	Miscellaneous deductions subject to t	he 2% federal adjusted gross income							
			Schedule A, after applying the limitation • • • •	_		00	<u>၂</u>			
	14	Multiply line 13 by the percentage on	line 12 • • • • • • • • • • • • • • • • • •	14		00	<u>기</u>			
	15	Other miscellaneous expenses allowa	able on federal Form 1040, Schedule A,							
		not subject to the 2% federal adjusted								
		incurred and paid while an Arizona re								
		•	ou incurred and paid during the part of	١						
	٠.	-	t	15		00	4			
		ip lines 16 through 20 if not deductir		1,0						
				_		00	-			
	17		our Arizona gross income	-		00	-			
		-	from Form 140PY, page 2, line D32 · · · · · ·	-		00	-			
	19 20		duction: Subtract line 18 from line 17 · · · · · ·	19		00	4			
	20	If line 19 is less than line 16, subtract		20		00	,			
	21	If you completed lines 16 through 20,		20		00	Ή			
	- '		nount on line 15 here	21		00	,			
	22		· · · · · · · · · · · · · · · · · · ·	_			22			00

'I'hc	ma	is D Partyguy I	4(<u> </u>	-7503		J		
	e	btotal of Itemized Deductions							
		Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your	Г				1		
	23	federal adjusted gross income is more than \$156,400 (\$78,200 if married							
		filing separately), complete lines 24 through 28 below. Otherwise, skip							
		lines 24 through 28 · · · · · · · · · · · · · · · · · ·		23	12,096	١٫٨			
	24	If your federal adjusted gross income is more than \$156,400 (\$78,200 if	Ť		12,096	-00	1		
		married filing separately), enter on line 24 the amount by which you have to							
		reduce your federal itemized deductions because your federal adjusted gross							
		income was over this threshold		24		00			
	25	Enter your total federal itemized deductions allowable on federal Form 1040,	F			-	1		
		Schedule A, prior to the federal adjusted gross income limitation •••••••		25		00			
	26	Divide line 23 by line 25, and enter the percentage · · · · · · · · · · · · · · · · · · ·				%	1		
		Multiply line 24 by the percentage on line 26, and enter the result				00	1		
		Subtract line 27 from line 23, and enter the result • • • • • • • • • • • • • • • • • • •				• •	28		00
art II:	Po	rtion of Itemized Deductions Allowable for the Part of the Year							
	Wh	ile a Nonresident							
		justment to Medical and Dental Expenses	_						
		Medical and dental expenses • • • • • • • • • • • • • • • • • •	-	29	1,562	00			
	30	Amount of MSA distributions used to pay qualified medical expenses included							
		on line 29 • • • • • • • • • • • • • • • • • •		30		00	_		
		Medical expenses allowed to be taken as a federal itemized deduction • • • • • •	_			00	-		
		Add lines 30 and 31, and enter the result •••••••••••••••	• [32		00	_		
	33	If line 29 is the same as or more than line 32, subtract line 32 from line 29.					L		
		Otherwise, go to line 34 · · · · · · · · · · · · · · · · · ·					33	1,56	
		If line 32 is more than line 29, subtract line 29 from line 32 · · · · · · · · · · · · · · · · · ·	• •	• • • •	• • • • • •	• •	34		00
	-	justment to Interest Deduction							
	35	If you received a federal credit for interest paid on mortgage credit certificates (from fed		al					
		Form 8396), enter the amount of mortgage interest you paid for 2007 that is equal to the					05		100
	A =1	amount of your 2007 federal credit	• •	• • • •	• • • • • • •	• •	35		00
	-	justment to Gambling Losses	Г	26			-		
		Wagering losses allowed as a federal itemized deduction	_	_		00	-		
		Total gambling winnings included in your federal adjusted gross income • • • • • • • • • • • • • • • • • • •				00	-		
		Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32 · · · · · Maximum allowable gambling loss deduction: Subtract line 38 from line 37 · · · · ·	_			00	-		
	39 40					00	40		00
		justment to Property Taxes		• • • •			40		100
	-	If you are claiming the property tax credit on Arizona Form 302 (Defense Contracting C	Crec	tits) ente	r				
		the amount of property taxes allowed as a federal itemized deduction for which a credi			• • • • • •		41		00
	Adi	justment to Charitable Contributions		0.0					+**
		Amount of charitable contributions for which you are taking a credit under Arizona law					42		00
		justed Itemized Deductions							
		Add the amounts on lines 33 and 35 · · · · · · · · · · · · · · · · · ·	. [43	1,562	00	1		
	44	Add lines 34, 40, 41 and 42		44		00	1		
	45	Total itemized deductions allowed to be taken on federal return • • • • • • • • • • • • • • • • • • •		45	11,750	00	1		
	46	Enter the amount from line 43 above • • • • • • • • • • • • • • • • • • •		46	1,562		7		
	47	Add the amount on lines 45 and 46 · · · · · · · · · · · · · · · · · ·		47	13,312				
	48	Enter the amount from line 44 above • • • • • • • • • • • • • • • • • • •		48		00	1		
	49	Subtract line 48 from line 47 · · · · · · · · · · · · · · · · · ·	•	49	13,312	00			
	50	If you skipped lines 24 through 28, enter the amount on line 23 here. If you							
		completed lines 24 through 28, enter the amount from line 28 here •••••••		50	12,096	00			
	51	Subtract line 50 from line 49 · · · · · · · · · · · · · · · · · ·	$\cdot [$	51	1,216		7		
	52	Arizona percentage from line 4 of the worksheet on page 2 of the							
		Schedule A(PYN) instructions · · · · · · · · · · · · · · · · · · ·			50.9				
		Multiply the percentage on line 52 by the amount on line 51 • • • • • • • • • • • • • • • • • •	_	53	619	00			
	54	Add lines 50 and 53. Enter the result here and on Form 140PY, page 1, line 20 • •		• • • •	• • • • • • •		54	12,71	5 00

YOUR NAME AS SHOWN ON PAGE 1

D1 - 8/21/07

YOUR SOCIAL SECURITY NO.

ARIZONA FORM AZ-8879

Arizona Department of Revenue E-file Signature Authorization

2007

YOUR FIRST N	AME AND INITIAL	LAST NAME		YOUR SOCIAL SECURITY NO.				
Thomas		Partyguy		400-00-7503				
	FURN, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME		SPOUSE'S SOCIAL SECURITY NO.				
<u>MARY B</u> PARTI PU	PPOSE	Partyguy	•	400-00-7568				
	the truthfulness, correctness, and completeness of the	ne tavnaver's electronic	c income tay return					
•	ize the Electronic Return Originator (ERO) to affirm the			signature to the taxnaver's				
	dividual income tax return as the taxpayer's signature		• •	. ,				
	X RETURN INFORMATION		FINANCIAL INSTITUTION INFO					
			resent when requesting direct de					
1 Arizona A	djusted Gross Income 1 27,724 00	TYPE OF A		G NUMBER				
	Of Tax · · · · · · 2 296 00	Checki						
3 Arizona Ir	ncome Tax Withheld • 3 7 9 6 00	ACCOUNT	NUMBER					
Check box 4 o	<u>r</u> box 5:							
4 REFUND	. Enter the amount of refund •••••• 4	00 DIRECT DE		T DEBIT PAYMENT AMOUNT				
5 AMOUNT	YOU OWE. Enter the amount owed • • • • 5	00	<u> </u>	.00				
Box 4 Check	kbox - Refund: You are due a refund based on the	information provided or	n your tax return. Your refund am	ount will be deposited in the				
account liste	d in the Financial Institution Information Section (Part	i II).						
	kbox - Amount You Owe: You owe taxes based on	•	•					
payment. The	e payment will be withdrawn from the account and or	the date listed in the I	Financial Institution Information S	ection (Part II).				
PART III DE	ECLARATION AND SIGNATURE AUTHORIZATION	I (Sign only after com	pleting Part II)					
•	of perjury, I declare that I have examined a paper copy of my ele		, , ,					
•	ing December 31, 2007, and to the best of my knowledge and be		•					
,	ncome, total tax, Arizona income tax withheld, and refund (or am	ount owed) listed above are	the amounts shown on the paper copy of	of my electronic				
Arizona income								
6a 🔙	I consent that my refund be directly deposited as designated in joint return, this is an irrevocable appointment of the other spou			n. If I have filed a				
6b X	I do not want direct deposit of my refund or I am not receiving a	refund.						
6c	I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries							
	and resolve issues related to the payment.							
the tax liability a	balance due return, I understand that if the DOR does not receive and all applicable interest and penalties. When electronically filing tronic portion of my state return will also be rejected.							
I consent to my	Electronic Return Originator (ERO) or On-Line Service Provider ((OLSP) sending my electron	ic Arizona individual income tax return a	nd accompanying				
schedules and s	statements to DOR, and I consent to my ERO or OLSP sending s	uch information to DOR thro	ough a transmitter. I consent to DOR sen	ding my ER0,				
	ansmitter an acknowledgement of receipt of transmission and an i reason(s) for the rejection. If the processing of my return or refund							
reason(s) for the	e delay, or when the refund was sent. If DOR contacts my ERO for	or a copy of my return, any a						
rization form, I a	authorize my ERO to release copies of the requested documents	to DOR.						
I authorize .		to make the election th	nat I want my electronic signature to my	electronic federal individual				
	(ELECTRONIC RETURN ORIGINATOR)		, , , , , , , , , , , , , , , , , , ,					
income tax retu	rn to serve as my signature to my electronic Arizona individual inc	come tax return for the year	ending December 31, 2007. I understand	d that when my				
	e election that my electronic signature to my federal individual inco							
	I my Arizona individual income tax return and declared under pen further understand that if my ERO fails to make the election of m		, 0					
Arizona individu	ual income tax return, I will need to execute Arizona Form AZ-845	3.						
Р								
			10-09-2007					
SH YOUR	R PEN AND INK SIGNATURE		DATE					
EE								
P YOUF SER SIGN			<u>10-09-2007</u>					
G SPOU	JSE'S PEN AND INK SIGNATURE		DATE					
	Do not mail this form to the Arizona Department	of Revenue. The ERC	must retain this document a r	ninimum of four years.				

a Control number		OMB No. 1545-	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
56-1241111			37,000	680
C Employer's name, address, and ZIP cod	е		3 Social security wages	4 Social security tax withheld
WORKINGHARD INDUST	TRIES		37,000	2,294
			5 Medicare wages and tips	6 Medicare tax withheld
280 LABOR ST			37,000	537
FAITH	NC	28041-0280		8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-7503				
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12 C 350
THOMAS D PAR	RTYGUY		13 Statutory employee plan Third-party sick pay	12b C 8
923 HOPE ST			14 Other	12c C
DOUGLAS	AZ	85607		Coe
				12d C
				Coe
f Employee's address and ZIP code				
15 State Employer's state ID no.	State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
NC 562211	5,000	124		
AZ 56-124111	32,000	796		
				
\4/ LT				

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2007

Department of the Treasury-Internal Revenue Service

The information on the Form W-2 was used to prepare the taxpayer's 2007 Federal tax return by



a Control number		OMB No. 1545	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
56-3046224			25,840	880
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
GOLD BLAZER REAL EST	ATE		25,840	1,602
			5 Medicare wages and tips	6 Medicare tax withheld
459 DWELLING AVE			25,840	375
FAITH	NC	28041	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-7568				
e Employee's first name and initial	ast name	Suff.	11 Nonqualified plans	12a See instructions for box 12 C 575
MARY B PARTY	GUY		13 Statutory Retmnt. Third-party sick pay	12b C 8
923 HOPE ST			14 Other	12c
DOUGLAS	AZ	85607		g
				12d
				C C
f Employee's address and ZIP code				
15 State Employer's state ID no. 16 State	wages, tips, etc. 17	State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
NC 1563754	25,840	275		
1	•			4
i				
i				

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 F



Test 7504 Form 140PY

ARIZONA



SSN: 400-00-7504

Description: Part year, H of H, over 65, blind, in Military, Direct Deposit

Arizona Information:

Forms used: Form 140PY (resident of AZ, CA, and NC), Schedule APY, Form AZ-8453

Other:

Clean Election Deduction = 0 Routing Number: 021234567

AZ Estimated Tax Payments = 3,500 Checking Acct #: 122122123

Contributions to the following check-off funds: AZ Wildlife: 10, Citizens' Clean Elections: 15, Child Abuse Prevention: 20, Domestic Violence Shelter: 25, National Guard Relief: 30, Neighbors Helping Neighbors: 35, Special Olympics: 40, Veterans' Fund: 45, Political Gift (Republican Party): 50, Total contributions: 270

AZ residency: March 17 to October 10

Family income tax credit = 80

Income Information:	Total	Arizona
Wages from two W-2 Forms	36,000	15,000
Interest (including \$1,000 US Savings Bonds)	1,515	1,515
Dividends	655	655
Schedule C (Net Business Income) (CA)	13,250	
Unemployment comp. from 1099-G (NC)	3,560	_
Schedule SE (self employment tax deduction)	936	_
IRA Deduction	1,000	1,000
Federal AGI	53,044	
Deductions and Adjustments		
Schedule A: Medical and Dental (before reduction)	2,000	2,000
State/Local Taxes (W2 + Estimated)	4,642	4,642
Real Estate Taxes	1,150	1,150
Personal Property Taxes	296	296
Home Mortgage Interest	7,000	7,000

Preparer Information:

Name = Ima Luckyone II

Firm = Drake Income Tax

Address = 235 Palmer Street, Franklin, NC 28734-1234

Phone = 828-888-8888 Self Employed = No

PTIN = 24680000

EIN = 56-1494243

Part-Year Resident Personal Income Tax Retur D1 - 8/27/07 ARIZONA FORM FOR CALENDAR YEAR 2007 OR 140PY FISCAL YEAR BEGINNING AND ENDING YOUR FIRST NAME AND INITIAL LAST NAME YOUR SOCIAL SECURITY NO. (required) Kaye P 400-00-7504 Duty IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL SPOUSE'S SOCIAL SECURITY NO. (required) LAST NAME 1 PRESENT HOME ADDRESS - NO. AND STREET, RURAL ROUTE APT NO DAYTIME PHONE (with area code) **IMPORTANT** 2 3 WINNERS CIR 520-349-5827 CITY, TOWN OR POST OFFICE STATE ZIP CODE Check this box if: HOME PHONE (with area code) 3 82F Filing under extension 85231 520-524-0612 ELOY, AZ FOR DOR USE ONLY 4 Married filing joint return 5 X ► GERTRUDE Duty Head of household - name of qualifying child or dependent Filing Married filing separate return. Enter spouse's Social Security Number above Status and full name here. Single 88 Enter the Age 65 or over (you and/or spouse) number 9 Blind (you and/or spouse) Exem-10 Dependents. From page 2, line A2 - do not include self or spouse. a check 81 Qualifying parents and ancestors of your parents from page 2, line A5. 12 13 X Part-Year Resident Active Military Part-Year Resident Other than Active Military Residency Status (check one): 14 Federal AGI • 14 THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM 53,044 ⁰⁰ YOUR RETURN 15 Arizona income (from page 2, line B19) 15 16,170 16 Additions to income (from page 2, line C24) 00 **17** Add lines 15 and 16 17 00 16,170 Subtractions. Number from line D34a. 181 18 6,900 00 19 Arizona AGI. Line 17 minus line 18 · · · 19 9,270 00 20₂₀I X ITEMIZED 20 S STANDARD 20 00 14,108 Attach W-2 21 4,200 00 to 22 22 AZ taxable inc. Ln 19 minus lines 20 & 21 00 of 23 00 23 Compute tax. Use Tax Table X or Y . . last page of the 24 Tax from recapture of credits 00 25 Subtotal of tax. Add lines 23 and 24 25 00 retum. 00 If item 26-27 261 YOURSELF 262 SPOUSE 27 izing, 28 Reduced tax. Subtract line 27 from line 25 28 00 attach your fed-29 00 Family income tax credit from worksheet on page 16 of the instructions 80 eral Credits from Arizona Form 301, line 57, or Forms 310, 321, 322 and 323 if Form 301 is not required 30 00 Sche-3 Credit type. Enter form number of each credit claimed: 31 dule Clean Elections Fund Tax Credit. From worksheet on page 18 of the instructions 32 00 Ari-33 00 zona Balance of tax. Subtract lines 29, 30 and 32 from line 28. If the sum of lines 29, 30 and 32 is more than line 28, enter zero 34 00 Arizona income tax withheld during 2007 162 dule A Arizona estimated tax payments for 2007 35 00 3,500 Amount paid with 2007 Arizona extension request (Form 204) 00 37 37 00 Increased Excise Tax Credit. From worksheet on page 18 of the instructions 38 Total payments/refundable credits. Add lines 34 through 37 38 00 3,662 ATTACH TAX DUE. If line 33 is larger than line 38, subtract line 38 from line 33, & enter amount of tax due. Skip lines 40, 41 & 42 39 00 40 OVERPAYMENT. If line 38 is larger than line 33, subtract line 33 from line 38, and enter amount of overpayment 40 00 3,662 Amount of line 40 to be applied to 2008 estimated tax 41 00 42 Balance of overpayment. Subtract line 41 from line 40 42 00 3,662 PAYMENT AID TO EDUCATION (entire refund only) 43 - 52 Voluntary Gifts to: 00 10 00 ARIZONA WILDLIFE CHILD ABUSE PREVENTION • • 46 CITIZENS CLEAN ELECTIONS DOMESTIC VIOLENCE SHELTER •••••• NEIGHBORS HELPING NEIGHBORS ••••• 45 15 00 20 00 47 25 00 48 30|00 49 00 50 00 35 SPECIAL OLYMPICS 40 VETERAN'S DONATION 45 00 51 50 00 POLITICAL GIFT HERE 531 Democratic ₅₃ 2 53 Check only one if making a political gift: Libertarian 54 Estimated payment penalty and MSA withdrawal penalty 54 00 Check applicable boxes: 55 1 Annualized/Other 55 2 Farmer or Fisherman 55 3 Form 221 attached 55 4 56 Total of lines 43, 44, 45, 46, 47, 48, 49, 50, 51, 52 and 54 00 270 57 REFUND. Subtract line 56 from line 42. If less than zero, enter amount owed on line 58 57 392 00 Direct Deposit of Refund: See instructions.
ROUTING NUMBER ACCOUNT NUMBER CX Checking or 021234567 123123123 Savings

AMOUNT OWED. Add lines 39 and 56. Make check payable to Arizona Department of Revenue; include SSN on payment.

Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

58

e-file / Fast Safe Secure

00

<u>va y e</u>	: P	Duty			<u>0-7504</u>		D1 - 8/27/07	
	List children and other dependents	. Do not list yourself or spouse. If	f more space is needed,		NO OF MONTHS	_		
	attach a separate sheet.		1		NO. OF MONTHS LIVED IN YOUR			
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP		HOME IN 2007			
	GERTRUDE Duty	341-23-2132	DAUGHTER		12			
Т								
							T -	_
	Enter total number of persons lister a Enter the names of the dependent	. •	,		· · · · · · · TOT	AL A2	11	┙
AS	a Enter the names of the dependen	TILS IISTEG ADOVE WHO GO HOT QUAIT	y as your dependent on	i your ie	ederai return.	\neg		
	b Enter dependents listed above w	ho were not claimed on your fed	eral return due to educat	tion cre	dits:			
		·						
	List qualifying parents and ancesto				heet.			
	You cannot list the same person he		mation on who is a qual	lifying	NO OF MONTHS	_		
	parent or ancestor of your parents,				NO. OF MONTHS LIVED IN YOUR			
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP		HOME IN 2007	_		
Δ5	Enter total number of persons lister	d in A4 here and on page 1 of thi	s form box 11		• • • • • TOT	AL A5	0	\neg
	· · · · · · · · · · · · · · · · · · ·	$\frac{3-17-2007}{3-1}$ to $\frac{10-1}{10-1}$		T	2007 FEDERAL	AL AU	2007 ARIZONA	
	List other state(s) of residency:	<u>3-17-2007</u> № <u>10-1</u>	<u>0-2007</u> .	Ame	ount from federal return		Amount only	
B7	List other state(s) of residency: Wages, salaries, tips, etc.	· · · · · · · · · · · · · · · · · · ·		B7	36,000	00	15,000	00
⊤ B8	Interest · · · · · · · · · · ·			- B8	1,515		1,515	
В9	Dividends				655		655	
						00		00
	Alimony received • • • • • • • •					00		00
	Business income (or loss) from fed				13,250			00
1	Gains (or losses) from federal Scho			B13		00		00
	Rents, royalties, partnerships, estates, trus			B14	0.560	00		00
	Other income reported on your fed. Total income: Add lines B7 through				3,560		17 170	00
	Federal adjustments. Attach your o				54,980 1,936		17,170 1,000	
	Federal adjusted gross income. Su			B18	53,044		1,000	00
	Arizona income: Subtract line B17 from line					- B19	16,170	00
	Arizona percentage: Divide line B19 by line					- B20	30.5	
	Early withdrawal of Arizona Retirer	ment System contributions • •				- C21		00
	Total depreciation included in Arizo	•						00
	Other additions to income. See ins							00
-	Total: Add lines C21 through C23.					· · C24		00
1	Exemption: Age 65 or over. Multip	•	•	D25	2,100			
	Exemption: Blind. Multiply the num Exemption: Dependents. Multiply the				1,500			
1	Exemption: Qualifying parents and ancest		* *	D27	2,300	00		
	Total exemptions: Add lines D25 th			D29	5,900			
	Multiply line D29 by the percentage	=				- D30	5,900	00
	Interest on U.S. obligations such as				A column • • •	. D31	1,000	
	Arizona state lottery winnings inclu					. D32		00
D33	U.S. Social Security or Railroad Re	etirement Act benefits included in	your ARIZONA income			D33		00
	Construction of an energy efficient residence	ce. See page 11 of instructions. Enter nu	umber D34a , the	en amoun	t • • • • • • • •	D34		00
D35	Other subtractions from income. Se					D35		00
	Total: Add lines D30 through D35	Enter here and on page 1 of this	form, line 18 • • • • •	• • • •		· - D36	6,900	00
	Total: 7 taa iines Boo tinoagn Boo.							
D36	Last name(s) used in prior years if different	from name(s) used in current year:						
D36 E37	Last name(s) used in prior years if different we read this return and any attachments with	it. Under penalties of perjury, I declare t			elief, they are true, corre	ect		
D36 E37	Last name(s) used in prior years if different	it. Under penalties of perjury, I declare t	f which preparer has any know	wledge.	-			
D36 E37 I hav and	Last name(s) used in prior years if different we read this return and any attachments with	it. Under penalties of perjury, I declare t		wledge.	cutive Che			_
D36 E37 I have and the property of the propert	Last name(s) used in prior years if different we read this return and any attachments with complete. Declaration of preparer (other tha	it. Under penalties of perjury, I declare t	f which preparer has any know 10-09-2007	wledge. <u>Exe</u>	cutive Che			_
D36 E37 I have and when the property of the pr	Last name(s) used in prior years if different we read this return and any attachments with complete. Declaration of preparer (other tha	it. Under penalties of perjury, I declare t	f which preparer has any know 10-09-2007	Exe	cutive Che			_ _
Barbara Barbar	Last name(s) used in prior years if different ve read this return and any attachments with complete. Declaration of preparer (other that OUR SIGNATURE	it. Under penalties of perjury, I declare t	f which preparer has any known and the second of the secon	Exe OCCUP SPOUS	CUTIVE Che PATION SE'S OCCUPATION AX			_ _
D36 E37 I have and by Y() HERRE	Last name(s) used in prior years if different we read this return and any attachments with complete. Declaration of preparer (other tha OUR SIGNATURE POUSE'S SIGNATURE AID PREPARER'S SIGNATURE	it. Under penalties of perjury, I declare t	f which preparer has any known 10-09-2007 DATE DATE DRAKE INCOME FIRM'S NAME (PREPARE)	EXE OCCUP SPOUS TE TX ER'S IF S	CUTIVE Che PATION SE'S OCCUPATION AX			_ _

YOUR SOCIAL SECURITY NO.

YOUR NAME AS SHOWN ON PAGE 1

00

ARIZONA SCHEDULE A(PY)

Itemized Deductions For Part-Year Residents

VOUR NAME. AS SHOWN ON FORM 140PY (it is just return) Reductal and Dental Expenses • Taxes • Interest Expense • Offits to Charity 1 Medical and Jential Expenses • Taxes • Interest Expense • Offits to Charity 1 Medical and Jential Expenses • Taxes • Interest Expense • Offits to Charity 1 Medical and Jential Expenses • Taxes • Interest Expense • Offits to Charity 1 Medical and Jential Expenses • Taxes • Interest Expense • Offits to Charity 1 Medical and Jential Expenses • Taxes • Interest Expense • Offits to Charity 1 Medical and Jential Expenses • Taxes • Interest Expense • Offits to Charity 1 Medical and Jential Expenses • Taxes • Interest Expense • Offits to Charity 1 Medical and Jential Expenses • Taxes • Interest Expense • Offits to Charity 1 Taxes allowable on federal Form 100, Sendual A. That you incurred and paid while an Arizona nearesident to such taxes from Arizona sources that you incurred and paid while an Arizona nearesident plus the manual of such synthetic on Arizona Sources that you incurred and paid during the part of the year while an Arizona nonresident 2 Sp. 11 3 Interest expenses: See instructions 4 Cassually shost(se), allowable on federal Form 1040, Schedule A. after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 5 Cassually fussified, soles, allowable on federal Form 1040, Schedule A. after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 6 Cassually soles, allowable on federal Form 1040, Schedule A. after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 6 Cassually soles, allowable on federal Form 1040, Schedule A. after applying the Interest of the States and States an		Attach to your return					
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1 Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	SPOUS	E'S NAME AS SHOWN ON FORM 140PY (if a joint return)		SPOUSE	'S SOCIA	AL SECURITY NUMB	BER
1 Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	Madiaa	Land Dental Evangage a Tayon a Interest Evangage a Ciffe to Charity					
sources that you incurred and paid during the part of the year while an Arizona nonresident 2 Taxes allowable or federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such times from Arizona sources that you incurred and paid while an Arizona nonresident 3 Interest expenses: See instructions 4 Giffs to chairs allowable on federal Form 1040, Schedule A, hat you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid while an Arizona resident plus the amount of loss from Arizona sources on line 6 incurred while you were an Arizona from 1040. Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 5 Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 6 Casualty loss(es) allowable on federal Form 4648 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 7 Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 incurred while you incurred and resident plus the amount of loss from Arizona sources and Other Miscollaneous Expenses 10 Miscollaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation 10 from Arizona troos the try ol incurred and paid while an Arizona resident plus the amount of such expenses from Arizona troos the vice while and paid during the part of the year while an Arizona resident plus the amount of your Arizona gross income in the 10 from Incurred and paid while an Arizona resident plus the amount of your Arizona gross income in a Arizona			uch ovnonces from	Arizono	,		
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and fauch tasse from Artzona sources that you incurred and paid during the part of the year while an Artzona norresident 1	2						00
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Assuably and Theft Losses 5. Casually loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 6. Casually (loss(es) allowable on federal Form 1040) residency in the strong of th		·	- #			7,000	00
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S Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 6 Casualty (loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor 7 Amount of loss on line 8 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 8 that you incurred during the part of the year white an Arizona norresident 7 DOB 8 Divide line 7 by line 6, and enter the percentage 9 Multiply line 5 by the percentage on line 8	Casual		nresident • •				100
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6 Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor Anizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident Divide line 7 by line 6, and enter the percentage Multiply line 5 by the percentage on line 8 Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation 10 Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation 11 Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid while an Arizona forms and the percentage on federal Form 1040, Schedule A, after applying the limitation 12 Divide line 11 by line 10, and enter the percentage on line 12 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation 13 Miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation in the 10 do	•		5	Loo	l		
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8 Divide line 7 by line 6, and enter the percentage 9 Multiply line 5 by the percentage on line 8	•	· · · · · · · · · · · · · · · · · · ·	7	00			
9 Multiply line 5 by the percentage on line 8	8	Tailed the dealers of the dealers and the part of the year while art Tailed and the dealers					
Niscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation 10				70	9		00
federal Form 1040, Schedule A, before applying the limitation							100
federal Form 1040, Schedule A, before applying the limitation		•	nn				
Anzona sources that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident 10 Divide line 11 by line 10, and enter the percentage on federal Form 1040, Schedule A, after applying the limitation 13 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation 14 Multiply line 13 by the percentage on line 12 15 Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you in- curred and paid during the part of the year while an Arizona nonresident 15 00 Skip lines 16 through 20 if not deducting gambling losses. 16 Wagering losses included on line 15 17 Total gambling winnings included in your Arizona gross income 18 Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32 19 Maximum allowable gambling loss deduction: Subtract line 18 from line 17 20 If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero" 21 If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here 22 Add lines 14 and 21 23 Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), complete lines 24 through 28 below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 20 24 If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), emplete lines 24 through 28 below. Otherwise, enter the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold 25 Enter your total federal i				Loo	l		
Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident 12 Divide line 11 by line 10, and enter the percentage	11		1	- 00	l		
12 Divide line 11 by line 10, and enter the percentage	•	_	1	00	l		
13 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation	12	7 Wilesia Sources that you mounted and paid during the part of the your write an 7 Wilesia Norwesiash			l		
on federal Form 1040, Schedule A, after applying the limitation				1	l		
Multiply line 13 by the percentage on line 12	10		3	00	l		
15 Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	11			-	l		
to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident			7	- 00	l		
Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	13	•			l		
curred and paid during the part of the year while an Arizona nonresident		, ,					
Skip lines 16 through 20 if not deducting gambling losses. 16 Wagering losses included on line 15			5	00	l		
16 Wagering losses included on line 15	Skin lir		<u> </u>	- 00	l		
17 Total gambling winnings included in your Arizona gross income			6	00	l		
18 Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32				00	l		
19 Maximum allowable gambling loss deduction: Subtract line 18 from line 17				00	l		
20 If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero"		_	_	-	l		
21 If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here			_		l		
through 20, enter amount on line 15 here				- 00	l		
22 Add lines 14 and 21 · · · · · · · · · · · · · · · · · ·			,,	00	l		
Total Itemized Deductions 23 Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), complete lines 24 through 28 below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 20 · · · · · · · · · · · · · · · · · ·	22			100	22		00
 Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), complete lines 24 through 28 below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 20 · · · · · · · · · · · · · · · · · ·							100
income is more than \$156,400 (\$78,200 if married filing separately), complete lines 24 through 28 below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 20 • • • • • 23 14,108 00 24 If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold • • 24 00 25 Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A,			ross				
below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 20 • • • • • 23 14,108 00 24 If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold • • 24 00 25 Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A,					l		
24 If your federal adjusted gross income is more than \$156,400 (\$78,200 if married filing separately), enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold 24 00 25 Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A,				0.0			
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ized deductions because your federal adjusted gross income was over this threshold 24 00 25 Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A,							
25 Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A,			4	nn			
	25	, , , , , , , , , , , , , , , , , , ,					
		·	25	nn			
26 Divide line 23 by line 25, and enter the percentage	26	`					
27 Multiply line 24 by the percentage on line 26, and enter the result							

28 Subtract line 27 from line 23. Enter the result here and on Form 140PY, page 1, line 20 · · · · · · · · · · · 28

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074 **2007**

Attachment Sequence No. 0

Department of the Internal Revenue	Servic	e (99) ► Attach to Form 1040. ► See Instructions for Sch	edules A & B (Form 1040).		Sequence No. 07
Name(s) shown o	n Forn	1 1040		Your s	ocial security number
Kaye P 1	Dut	v		400	-00-7504
_	<u> </u>	Caution. Do not include expenses reimbursed or paid by others.		100	00 7001
Medical and	1	Medical and dental expenses (see page A-1)	1 2,000		
Dental		Enter amount from Form 1040, line 38 2 53,044	2,000		
Expenses	3	Multiply line 2 by 7.5% (.075)	3 3 978		
	_		5,570	4	•
	4	<u> </u>		4	0
Taxes You	5	State and local (check only one box):			
Paid		a X Income taxes, or	5 4,642		
(See		b General sales Taxes			
page A-2.)	6	Real estate taxes (see page A-5) · · · · · · · · · · · · · · · · · · ·	6 1,150		
	7	Personal property taxes • • • • • • • • • • • • • • • • • • •	7 296		
	8	Other taxes. List type and amount			
			8		
	9	Add lines 5 through 8 · · · · · · · · · · · · · · · · · ·		9	6,088
Interest	10	Home mortgage interest and points reported to you on Form 1098 •	7,000		-
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6	1,333		
		to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address			
(See page A-5.)		and onon that persons hams, resimpling not, and dudiess			
page A-5.)					
Note.			11		
Personal interest is	12	Points not reported to you on Form 1098. See page A-6			
not	12	for special rules • • • • • • • • • • • • • • • • • • •	12		
deductible.	42				
	13	Qualified mortgage insurance premiums (See page A-7) · · · · ·	13		
	14	Investment interest. Attach Form 4952 if required. (See			
		page A-7.) • • • • • • • • • • • • • • • • • • •	14		
	15	Add lines 10 through 14 · · · · · · · · · · · · · · · · · ·		15	7,000
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or			
Charity		more, see page A-8 · · · · · · · · · · · · · · · · · · ·	16		
If you made a	17	Other than by cash or check. If any gift of \$250 or more,			
gift and got a		see page A-8. You must attach Form 8283 if over \$500 · · · · ·	17		
benefit for it,	18	Carryover from prior year • • • • • • • • • • • • • • • • • • •	18		
see page A-7.	19	Add lines 16 through 18 · · · · · · · · · · · · · · · · · ·		19	
Casualty and					
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-9.) • • • •		20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union			
and Certain		dues, job education, etc. Attach Form 2106 or 2106-EZ			
Miscellaneou	s	if required. (See page A-9.)	21		
Deductions					
(See					
page A-9.)	22	Tax preparation fees	22		
	23	Other expenses - investment, safe deposit box, etc. List			
		type and amount			
		typo and amount p	23		
	24	Add lines 21 through 23 · · · · · · · · · · · · · · · · · ·	24		
			27		
			26		
		Multiply line 25 by 2% (.02)		27	
		Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	• • • • • • • • • • • • •	27	
Other	28	Other - from list on page A-9. List type and amount			
Miscellaneous Deductions	S				
Deuacii0115				28	
Total	29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing sepa			
Itemized		No. Your deduction is not limited. Add the amounts in the far right		ایما	
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040,	P	29	13,088
		Yes. Your deduction may be limited. See page A-10 for the amoun	_ , _		
	30	If you elect to itemize deductions even though they are less than your standard deduction	n, check here		

ARIZONA FORM

Arizona Department of Revenue E-file Signature Authorization

2	n	Λ	7
	u	u	•

AZ-	-8879	E-me Signature	Authorization			
YOUR FIRST N	AME AND INITIAL	LAST	NAME	YOUR SOCIAL SECURITY NO.		
Kaye P		Du	Dutv			
	TURN, SPOUSE'S FIRST NAI		NAME	400-00-7504 SPOUSE'S SOCIAL SECURITY NO.		
PARTI PU	BDOSE					
_		ness, and completeness of the taxpayer	r'a alaatrania inaama tay raturn			
-				astronia signatura to the toyngyorla		
		n Originator (ERO) to affirm that the taxp on as the taxpayer's signature to the taxp	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
	K RETURN INFORMAT	1 7 0	PART II - FINANCIAL INSTITUTION			
PARII-IA	K RETURN INFORMATI	ON	Must be present when requesting			
4		0.070.00		·		
_	djusted Gross Income 1	9,270 00	TYPE OF ACCOUNT	ROUTING NUMBER		
	- L		X Checking Savings	0 2 1 2 3 4 5 6 7		
	ncome Tax Withheld • 3	162 00	ACCOUNT NUMBER 1 2 3 1 2 3 1 2 3			
Check box 4 o	r box 5: Enter the amount of refund	4 3 303 00	1 2 3 1 2 3 1 2 3 DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT		
	. Enter the amount of refund YOU OWE. Enter the amou	1 3,392 00 5 00	DINCET BEBIT REGULATE	\$		
		e due a refund based on the information	provided on your tay return. Your re	·		
		tion Information Section (Part II).	provided on your tax retain. Tour re	Tana amount will be deposited in the		
		e: You owe taxes based on the inform	ation provided on your tax return. Yo	us have elected to direct debit for		
		awn from the account and on the date li				
. ,	. ,					
PART III DE	ECLARATION AND SIG	NATURE AUTHORIZATION (Sign onl	y after completing Part II)			
Under penalites	of periury. I declare that I have	ve examined a paper copy of my electronic Arizor	na individual income tax return and accompar	oving schedules and statements		
		to the best of my knowledge and belief, it is true,		· -		
-	-	me tax withheld, and refund (or amount owed) lis				
Arizona income		(,,		
6a X		directly deposited as designated in the electronic	portion of my 2007 Arizona individual income	e tax return. If I have filed a		
	joint return, this is an irrevo	cable appointment of the other spouse as an age	nt to receive the refu			
6b 🗌	I do not want direct deposit	of my refund or I am not receiving a refund.				
6c		artment of Revenue (DOR) and its designated Fir				
		ion account indicated in the tax preparation softwolved in the processing of the electronic payment				
	and resolve issues related to			seessary to anomor inquiries		
If I have filed a	balance due return, I understa	and that if the DOR does not receive full and time	ly payment of my tax liability by April 15, 200	8, I will remain liable for		
,	and all applicable interest and cronic portion of my state return	penalties. When electronically filing my federal a	and state tax returns, I understand that if there	s is an error on my federal		
return, the elect	Torne portion of my state retur	n will also be rejected.				
		ERO) or On-Line Service Provider (OLSP) sendir				
		sent to my ERO or OLSP sending such information of the of transmission and an indication of w	•			
is rejected, the r	eason(s) for the rejection. If the	ne processing of my return or refund is delayed, I	authorize DOR to disclose to my ERO, OLSF	P and/or transmitter the		
		as sent. If DOR contacts my ERO for a copy of m copies of the requested documents to DOR.	ny return, any attachments or schedules to my	return, and/or this autho-		
rization form, ra		opice of the requested accuments to 2011.				
I authorize <u>CI</u>	HUCK GRISE		the election that I want my electronic signatu	re to my electronic federal individual		
	(ELECTRONIC R	ETURN ORIGINATOR)				
		my electronic Arizona individual income tax retu		· ·		
		gnature to my federal individual income tax returr e tax return and declared under penalites of perju				
and complete. I	further understand that if my	ERO fails to make the election of my electronic si				
Arizona individu	al income tax return, I will nee	ed to execute Arizona Form AZ-8453.				
P						
ŧ ►			10-09-2007			
SH YOUR	R PEN AND INK SIGNATURE		DATE			
ER SE						
P YOUR YOUR SER SIGN SPOL						
N SPOL	JSE'S PEN AND INK SIGNAT		DATE			
	Do not mail this form	to the Arizona Department of Revenu	e. The ERO must retain this docur	nent a minimum of four years.		

a Control number			OMB No. 1545-	Safe, accurate, FAST! Use IRS e-	file	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)				1 Wages, tips, other compensation	2	Federal income tax withheld
56-1234567				21,000		800
C Employer's name, address, and ZIP code				3 Social security wages	4	Social security tax withheld
US ARMY				21,000		1,302
				5 Medicare wages and tips	6	Medicare tax withheld
1 LICKSKILLET LANE				21,000		305
HORSE SHOE	NC	287	42	7 Social security tips	8	Allocated tips
d Employee's social security number				9 Advance EIC payment	10	Dependent care benefits
400-00-7504						
e Employee's first name and initial La	ast name		Suff.	11 Nonqualified plans	12 a	See instructions for box 12
KAYE P DUTY				13 Statutory employee plan Third-party sick pay	12t C 8	
13 WINNERS CIR				14 Other	12	С
HORSE SHOE	NC	287	42		Q	
					12 C	d
					Coe	
f Employee's address and ZIP code						
5 State Employer's state ID no. 16 State	wages, tips, etc.	17 State	income tax	18 Local wages, tips, etc. 19 Local in	come	tax 20 Locality name
NC 568866	21,000		980			
	-,					
i						
i						

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

return by DRAKE INCOME TAX. The information on the Form W-2 was used to prepare the taxpayer's 2007 $\rm F$

a Control number		OMB No. 1545-	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
56-1124567			15,000	950
c Employer's name, address, and ZIP	code		3 Social security wages	4 Social security tax withheld
ELOY FARMS			15,000	930
			5 Medicare wages and tips	6 Medicare tax withheld
1 ELOY AVE			15,000	218
ELOY	AZ 8	35231	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-7504$			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12 C 8 e
KAYE P D	UTY		13 Statutory Retmnt. Third-party sick pay	12b C 8e
13 WINNERS CIR			14 Other	12c C
ELOY	AZ 8	35231		Coo
f Employee's address and ZIP code				12d C g e
15 State Employer's state ID no.	16 State wages, tips, etc. 17	State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
AZ 56-1124567	15,000	162		
1	10,000	102		
i				
i				
Form W-2 Wage and Ta Statement Copy B - To Be Filed With Employee's FE This information is being furnished to the l	DERAL Tax Return.	2007		of the Treasury Internal Revenue Service

return by DRAKE INCOME TAX. The information on the Form W-2 was used to prepare the taxpayer's 2007 $\rm F$

	CORREC	TED (if checked)			
PAYER'S name, street address, city, state, 2	ZIP code, and telephone no.	1 Unemployment compensation	OMB No. 1545-0120		
STATE OF NORTH CAR	ROLINA	\$ 3,560 2 State or local income tax	2007		Certair Governmen Payments
RALEIGH	NC 27634	refunds, credits, or offsets	Form 1099-G		1 dyment
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year	4 Federal income tax wi	thheld	Сору В
411111114	400-00-7504	2007	\$		For Recipient
RECIPIENT'S name Kaye P Duty		5 ATAA payments	6 Taxable grants		This is important tax information and is being furnished to the Internal Revenue
Street address (including apt. no.)		7 Agriculture payments	8 Box 2 is trade or		Service. If you are required to file a return,
13 WINNERS CIR		\$	business income		a negligence penalty or
City, state, and ZIP code	05001	State	State identification numb	per	other sanction may be imposed on you if this income is taxable and
ELOY Account number (see instructions)	AZ 85231	NC State unemployment amount	State withholding		the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service

Test 7505 Form 140

ARIZONA



SSN: 400-00-7505

Description: Resident, H of H, 9 dependents, Direct Deposit Refund

Arizona Information:

Forms used: Form 140, Schedule A, Schedule I, Form 301, Form 323, Form AZ-8453

Other:Routing Number:022166554Clean Election Deduction = 5Checking Acct #:121121123

Contributions to the following check-off funds: AZ Wildlife: 5, Citizens' Clean Elections: 6, Child Abuse Prevention: 7, Domestic Violence Shelter: 8, National Guard Relief: 9, Neighbors Helping Neighbors: 10, Special Olympics: 20, Veterans' Fund: 76, Political Gift (Libertarian Party): 40, Total contributions: 181

Items previously deducted for Arizona purposes225Agricultural crops given to AZ charities225Taxpayers' Daytime Phone Number:520-349-5959

Taxpayers' Home Phone Number: 520-524-4837

Total	ı :	Income Information:	
80,900	om two W-2 Forms		
500	est from OR = 500)	Interest on Federal return (does NOT include Non-AZ mur	
10,000	Taxable Amount:	Pension from Form 1099-R:	
500	gs from Form W-2G	Arizona Lotte	
5,400	from Form 1099-G	Unemployment Cor	
97.300	Federal AGI		

Deductions and Adjustments

Schedule A: Medical and Dental (before reduction)	10,500
State/Local Taxes (W2s + 1,250 Oregon Estimated)	3,773
Real Estate Taxes	97
Personal Property Taxes	186
Home Mortgage Interest	3,500
Contributions	2,000
Tax Preparation	150

Preparer Information:

Firm = Pima Pawn Shop Address = 2nd Street, Tucson, AZ 85701 Phone = 520-524-2921 Self Employed = No

Self Employed = No SSN = 400-66-8712 EIN = 91-5552144

Test 7505 Dependents & Parents/Ancestors

ARIZONA



SSN: 400-00-7505

Dependent Name Relationship, and in home		Qualifies as Federal Dependent	Qualifies as Parent/Ancestor for AZ	Dependents not claimed on Federal return due to education credits	Dependents who do not qualify on Federal return
Angela Winner Daughter	400-55-7560 12	×			
Gabriel Winner Son	400-55-7561 12	×			
Michael Monday Son	400-55-7562 12	×			
David Saint Parent	400-55-7570 0	×	×		
Lucky Monday Daughter	400-55-7563 12	×			
Archie Winner Son	400-93-7564 12	×			
Zach Winner Son	400-55-7565 12			Х	
Norm Greentree Other	e 400-55-7566 12				Х
Mary Saint Parent	400-55-7571 0	Х	Х		

Resident Personal Income Tax Return D1 (8/23/7) FOR CALENDAR YEAR 2007 OR FISCAL YEAR BEGINNING AND ENDING YOUR FIRST NAME AND INITIAL LAST NAME YOUR SOCIAL SECURITY NO (required Happy I Winner 400-00-7505 IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL SPOUSE'S SOCIAL SECURITY NO. (required) LAST NAME 1 PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT NO DAYTIME PHONE (with area code) 89 X 2 HEAVENS LN 520-349-5959 CITY, TOWN OR POST OFFICE STATE **ZIP CODE** HOME PHONE (with area code) Check this box if: 3 82F Filing under extension TUCSON, AZ 520-524-4837 85701 Married filing joint return FOR DOR USE ONLY 5 X Head of household - name of qualifying child or dependent ► ANGELA Winner l a 6 Married filing separate return. Enter spouse's Social Security Number above n u and full name here g s Single 8 00 Εt Age 65 or over (you and/or spouse) 88 Enter the Хi 9 0 0 number claimed. Do not put a check mark. Blind (you and/or spouse) e o 10 07 m n Dependents. From page 2, line A2 - do not include self or spouse. p s 80 Qualifying parents and ancestors of your parents. From page 2, line A5 THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN 12 300 00 12 Federal adjusted gross income 13 725 13 Additions to income (from page 2, line B13) 00 98,025 00 **14** Add lines 12 and 13 • • • • • 15 Subtractions. No. from line C27a: 36,825 00 15 16 Arizona AGI. Line 14 minus line 15 • • • • • 16 61,200 00 17 X ITEMIZED 17 STANDARD · · 17 19,556 00 18 4,200 18 Personal exemptions 00 Attach W-2 37,444 19 00 19 AZ taxable inc. Line 16 minus lines 17 & 18 1,020 back 20 Compute tax. Use line 19 & proper tax table 20 00 21 Tax from recapture of credits 21 00 last 22 Subtotal of tax. Add lines 20 and 21 22 020 00 23-24 23 1 X YOURSELF 23 2 SPOUSE 24 00 return If item 25. Reduced tax. Subtract line 24 from line 22 25 015 00 izing, attach 26. Family income tax credit from p. 15 of instr 26 00 your fed-Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required 27 500 oo eral 28 3 Credit type. Enter form number of each credit claimed: |s|2|3| Sche 29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions 29 00 dule A and 515 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25; enter zero 30 00 Arizona 2,523 Arizona income tax withheld during 2007° 31 00 Sche 32 Arizona estimated tax payments for 2007 . 32 dule A 00 if re-Amount paid with 2007 Arizona extension request (Form 204) • • • • • • • 33 00 quired 34 34 Increased Excise Tax Credit from worksheet on page 17 of the instructions * 00 35 35 00 2,523 36 36 00 ATTACH TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40 37 00 2,008 00 38 OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment 38 39 00 2,008 00 40 PAYMENT AID TO EDUCATION 41 (entire refund only) 00 ARIZONA WILDLIFE • • 5 00 41 - 50 Voluntary Gifts to: 00 7 00 CHILD ABUSE PREVENTION CITIZENS CLEAN ELECTIONS NATIONAL GUARD. . . RELIFE FUND 9 00 8 00 DOMESTIC VIOLENCE SHELTER 46 NEIGHBORS HELPING... 10 00 20 47 00 SPECIAL OLYMPICS. . 48 76 00 POLITICAL GIFT · · · · 40 00

> e-file Fast • Safe • Secure

52

54

55

56

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00

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181

1,827

021234567

VETERANS' DONATIONS FUMED

51 Check only one if making a political gift 1 Democratic 12 Libertarian 51 3 Republican

REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on time 56 Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

CX Checking of

AMOUNT OWED: Add lines 37 and Make check payable to Arizona Department of Revenue; include SSN on payment.

123123123

Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

Check applicable boxes 1 Annualized/Other Farmer or Fisherm 3 Form 221 attaches 4 MSA Penalty

c X Checking or

S Savings

to

HERF

YOUR	NAME AS SHOWN ON PAGE 1			YOUR SOCIA	L SECURITY NO.	¬ D1	(8/23/7)	
Ha	ppy I	Winner		400-0	0-7505			
ART	A: Dependents and Qualifying Parent	ts - do not list yourself or s	spouse					
compl	leting Part A, also complete Part C, lines C16 and/	or C17 and C18.				_		
A 1	List children and other dependents. If more spa	ice is needed, attach a separate sho	eet.		NO. OF MONTHS LIVED IN YOUR			
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONS	HIP	HOME IN 2007	4		
	ANGELA Winner	400-55-7560	DAUGHTER		12	4		
	GABRIEL Winner	400-55-7561	SON		12	4		
	MICHAEL MONDAY	400-55-7562	SON		12	+		
A2	Enter total number of persons listed in A1 here a	· -	Also complete Part C		······TOTAL	A2	7	
A3	a Enter the names of the dependents listed a	above who do not qualify as your de	ependent on your federal	return:		¬		
	<u>Norman Greentree</u>					_		
	b Enter dependents listed above who were n	ot claimed on your federal return du	ue to education credits:			¬		
	ZACH Winner					_		
A4	List qualifying parents and ancestors of your particle For information on who is a qualifying parent or	•	•	cannot list the s	ame person here and also NO. OF MONTHS	on line A1	•	
					LIVED IN YOUR			
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONS	HIP	HOME IN 2007			
	DAVID SAINT	400-55-7570	PARENT		00	+		
A5 DAD	Enter total number of persons listed in A4 here a T B: Additions to Income	and on page 1 of this form, box 11	• • • • • • •	• • • • • •	·····TOTAL	A5	2	
								٦
B6	Non-Arizona municipal interest • • • • •			• • • • • •		B6	500	0 00
B7	Early withdrawal of Arizona Retirement System	•	federal return • •	• • • • • •		B7		00
B8	Ordinary income portion of lump-sum distribution	ns excluded on your federal return	• • • • • • •	• • • • • •		B8		00
В9	Total federal depreciation • • • • • •			• • • • • •		B9		00
B10	Medical savings account (MSA) distributions. Se	. •		• • • • • •		B10		00
B11	I.R.C.§ 179 expense in excess of allowable an					B11		00
B12	Other additions to income. See instructions and		e. Schednie .	T		B12		5 00
B13	Total. Add lines B6 through B12. Enter here and T C: Subtractions from Income	nd on page 1 of this form, line 13	• • • • • • • • •	• • • • • •		B13	12:	5 00
					T	4		
C14	Exemption: Age 65 or over. Multiply the numbe		• • • • • • • • •	C14	0			
C15	Exemption: Blind. Multiply the number in box 9,			C15	1 6 100	_		
C16	Exemption: Dependents. Multiply the number in			C16	16,100 0	<u> </u>		
C17	Exemption: Qualifying parents and ancestors of	your parents. Multiply the number i	in					
	box 11, page 1, by \$10,000 • • • • • • •		_	C17	20,000	<u> </u>		
C18	Total exemptions: Add lines C14 through C17.	-				<u> </u>	26 100	а
	income, skip lines C19 through C30 and enter the		0, Page 1, line 15 • •	• • • • • •		C18	36,100	
C19	Interest on U.S. obligations such as U.S. saving	•		• • • • • •		C19		00
C20	Exclusion for federal, Arizona state or local gove			• • • • • •		C20		00
C21	Arizona state lottery winnings included as incom		• ·		• • • • • • • • •	C21	500	
C22	U.S. Social Security or Railroad Retirement Act	benefits included as income on you	ir federal return (the taxal	ble amount)	• • • • • • • • •	C22		00
C23	Recalculated Arizona depreciation • • • •			• • • • • •	• • • • • • • • •	C23		00
C24	Certain wages of American Indians • • • •			• • • • • •	• • • • • • • • •	C24		00
C25	Income tax refund from other states. See instru			• • • • • •	• • • • • • • • •	C25		00
C26	Deposits and employer contributions into MSAs					C26		00
C27	Construction of an energy efficient residence. Se	. •	_	, then am	nount • • • • • •	C27		00
C28	Compensation received for active service as a r				• • • • • • • • •	C28	221	00
C29	Other subtractions from income. See instruction	,			• • • • • • • • •	C29	225	_
C30 Part	Total: Add lines C18 through C29. Enter here D: Last Name(s) Used in Prior Years in					C30	36,825	<u> </u>
	D. Last Name(s) Osed in Filor Teals in	i dilierent nom name(s) us	eu iii current year					
D31								
	I have read this return and any attachments with and complete. Declaration of preparer (other that	it. Under penalties of perjury, I dec	clare that to the best of m	y knowledge and	belief, they are true, corr	ect		
P L E A S E	and complete. Declaration of preparer (other than	an taxpayer) is based on all informa	_	s any knowledge				
A	YOUR SIGNATURE		<u>0</u> DATE		Entertaine OCCUPATION	<u> </u>		—
E	N STATE OF THE STA		DAIL		JOOGI ATION			
S	SPOUSE'S SIGNATURE		DATE		SPOUSE'S OCCUPAT	ION		—
G N	1. 30010 0.0.W.TORL			ייים זאדאר כיי				
	PAID PREPARER'S SIGNATURE			PAWN SHO	JP IF SELF-EMPLOYED)			—
H			_	•	22.2.3)			
E R E	91-5552144 0 PAID PREPARER'S TIN DATE	PAID PREPARE	R'S ADDRESSTUCSO	STREET	85701			—
			10030	/1V / F1/4	00 / UI			

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ 85038-9204. If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

<u> 19,556 ºº</u>

ARIZONA SCHEDULE

Itemized Deduction Adjustments

For Full-Year Residents Filing Form 140

			Attach to your return				
OUR N	AME AS	SHOWN ON FORM 140		YOUR S	OCIAL	SECURITY NUMBER	
Ha	yggg	I	Winner	400	-00	- 7505	
POUSE	E'S NAME	AS SHOWN ON FORM 140 (if a	a joint return)	SPOUSE	e's soc	CIAL SECURITY NUME	BER
hown	on the f	•	ust first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the ete Form 140, Schedule A, only if you are making changes to the amount shown		deral		
criedo	ile A. Ot	se instructions for details.					—
djust		Medical and Dental Exp			1		
1		al and dental expenses		<u>500 00</u>			
2		<u> </u>	unt (MSA) distributions used to pay qualified				
		al expenses included on lin		00			
3				<u> 202 ºº</u>			
4		e 2 and line 3, and enter the	· · · · · · · · · · · · · · · · · · ·	<u> 202 % </u>			
5	If line 1	I is the same as or more the	nan line 4, subtract line 4 from line 1; otherwise, go to line 6		5	7,298	-
6		is more than line 1, subtra	act line 1 from line 4 · · · · · · · · · · · · · · · · · ·	• • • • •	6		00
djust		Interest Deduction					
7	•		r interest paid on mortgage credit certificates (from federal Form 8396),				
	enter t	he amount of mortgage int	erest you paid for 2007 that is equal to the amount of your 2007				
	federal		• • • • • • • • • • • • • • • • • • • •	• • • • •	7		00
djust		Gambling Losses					
8	Wager	ing losses allowed as a fed		<u>500 00</u>			
9	_	• •		<u>500 00</u>			
10	Author	ized Arizona lottery subtra	ction from Form 140, page 2, line C21 • • • • • • • • • • • • • • • • • • •	<u>500 00</u>			
11	Maxim	um allowable gambling los	ss deduction: Subtract line 10 from line 9 • • • • • • • • • 11	00			
12	If line 1	11 is less than line 8, subtr	act line 11 from line 8; otherwise enter "zero"		12	500	00
djust	ment to	Property Taxes					
13	-		credit on Arizona Form 302 (Defense Contracting Credits), enter the				
	amoun	t of property taxes allowe	d as a federal itemized deduction for which a credit is claimed • • • • • • • • • • • • • • • • • • •		13		00
•		Charitable Contribution					
14	Amour	nt of charitable contribution	s for which you are taking a credit under Arizona law ••••••••		14	500	00
other A	Adjustn	nents					
			nized deduction that relates to income not subject to Arizona tax		15		00
djust	ed Item	ized Deductions					
16		e amounts on lines 5 and 7		<u> 298 00</u>			
17	Add th	e amounts on lines 6, 12,		<u>00 00 00</u>			
18	Total fe	ederal itemized deductions	s allowed to be taken on federal return • • • • • • • 18 13,2	<u> 258 00</u>			
19	Enter t			<u> 298 00</u>			
20				556 ⁰⁰			
21	Enter t	he amount from line 17 ab	ove	000			

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

22 Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074 2007

Attachment

Department of the Internal Revenue S	I reas Servic	e (99) ► Attach to Form 1040. ► See Instructions for Sch	edules	s A & B (Form 1040).		Sequence No. 07
Name(s) shown or	n Forn	1040			Your s	ocial security number
Happy I	Wi	nner			400	-00-7505
		Caution. Do not include expenses reimbursed or paid by others.				00 7000
Medical and	1	Medical and dental expenses (see page A-1)	1	10,500		
Dental	2	Enter amount from Form 1040, line 38 2 97,300	-	10,500		
Expenses	3	Multiply line 2 by 7.5% (.075)	3	7 000		
	_	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	ب	7,298	4	2 000
	4			· · · · · · · · · · · · · · · · · · ·	4	3,202
Taxes You	5	State and local (check only one box):	_			
Paid		a X Income taxes, or	5	3 , 773		
(See		b General sales Taxes				
page A-2.)	6	Real estate taxes (see page A-5) · · · · · · · · · · · · · · · · · · ·	6	97		
	7	Personal property taxes • • • • • • • • • • • • • • • • • • •	7	186		
	8	Other taxes. List type and amount				
			8			
	9	Add lines 5 through 8 · · · · · · · · · · · · · · · · · ·	• • •		9	4,056
Interest	10	Home mortgage interest and points reported to you on Form 1098 •	10	3,500		-, -, -
You Paic	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6		3,000		
		to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address				
(See		and show that persons name, identifying no., and address				
page A-5.)						
Note.			11			
Personal interest is	40	Deinte not reported to view on Fermi 1000, Con none A.C.				
not	12	Points not reported to you on Form 1098. See page A-6				
deductible.		for special rules · · · · · · · · · · · · · · · · · · ·	12			
	13	Qualified mortgage insurance premiums (See page A-7) · · · · ·	13			
	14	Investment interest. Attach Form 4952 if required. (See				
		page A-7.) • • • • • • • • • • • • • • • • • • •	14			
	15	Add lines 10 through 14 · · · · · · · · · · · · · · · · · ·			15	3,500
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or				
Charity		more, see page A-8 · · · · · · · · · · · · · · · · · · ·	16	2,000		
	17	Other than by cash or check. If any gift of \$250 or more,		•		
If you made a gift and got a		see page A-8. You must attach Form 8283 if over \$500	17			
benefit for it,	18	Carryover from prior year • • • • • • • • • • • • • • • • • • •	18			
see page A-7.		Add lines 16 through 18 · · · · · · · · · · · · · · · · · ·			19	2,000
Casualty and						2,000
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-9.) • • • •			20	
	24	Unreimbursed employee expenses - job travel, union				
Job Expenses		dues, job education, etc. Attach Form 2106 or 2106-EZ				
and Certain Miscellaneous			21			
Deductions	•	if required. (See page A-9.)	21			
(See page A-9.)						
	22	Tax preparation fees	22	150		
	23	Other expenses - investment, safe deposit box, etc. List				
		type and amount				
			23			
	24	Add lines 21 through 23 · · · · · · · · · · · · · · · · · ·	24	150		
	25	Enter amount from Form 1040, line 38 25 97, 300				
	26	Multiply line 25 by 2% (.02) • • • • • • • • • • • • • • • • • • •	26	1,946		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	• • •		27	0
Other	28	Other - from list on page A-9. List type and amount				
Miscellaneous	•	GAMBLING LOSSES		500		
Deductions		OILIDELING EGODES			28	500
Total	29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing sep	arately)?		300
Total Itemized		X No. Your deduction is not limited. Add the amounts in the far right	-			
nternizea Deductions		for lines 4 through 28. Also, enter this amount on Form 1040,			29	12 250
		Yes. Your deduction may be limited. See page A-10 for the amour			20	13,258
	20			_ , _		
	30	If you elect to itemize deductions even though they are less than your standard deduction	n, check	t here		

D1 - 08/23/07

2007

ARIZONA FORM 301

	For the calendar year 2007, or	
fiscal year beginning	and ending	·

		Attach to your return					
		SHOWN ON FORM 140, 140PY, 140NR OR 140X			CIAL SECURIT		
<u> Hapr</u>	<u>y</u> :	I Winner		400-0	00-750 <u>!</u>	<u>5</u>	
SPOUSE'S	NAME	AS SHOWN ON FORM 140, 140PY, 140NR OR 140X		SPOUSE'S	SOCIAL SEC	URITY NUMB	BER
Part I	No	nrefundable Individual Tax Credits					
	Ente	er total available tax credits.					
	1	Defense Contracting Credit from Form 302 • • • • • • • • • • • • • • • • • • •	1		00		
	2	Enterprise Zone Credit from Form 304 · · · · · · · · · · · · · · · · · · ·	2		00		
	3	Environmental Technology Facility Credit from Form 305 • • • • • • • • • • • • • • • • • • •	3		00		
	4	Military Reuse Zone Credit from Form 306 · · · · · · · · · · · · · · · · · · ·	4		00		
	5	Recycling Equipment Credit from Form 307 · · · · · · · · · · · · · · · · · · ·	5		00		
	6	Credit for Increased Research Activities from Form 308-I	6		00		
	7a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R •	7a		00		
	7b	Nonresident Credit for Taxes Paid to Another State or Country from					
		Form 309-NR	7b		00		
	7с	Part-Year Resident Credit for Taxes Paid to Another State or Country from					
		Form 309-PY	7с		00		
	7d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also					
		Considered to Be a Statutory Resident of Another State from Form 309-D • •	7d		00		
	8	Credit for Solar Energy Devices from Form 310 • • • • • • • • • • • • • • • • • • •	8		00		
	9	Agricultural Water Conservation System Credit from Form 312 • • • • • • • •	9		00		
	10	Pollution Control Credit from Form 315 · · · · · · · · · · · · · · · · · · ·	10		00		
	11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle					
		Recharge Outlets from Form 319 · · · · · · · · · · · · · · · · · · ·	11		00		
	12	Credit for Employment of TANF Recipients from Form 320 · · · · · · · · ·	12		00		
	13	Credit for Contributions to Charities that Provide Assistance to the Working					
		Poor from Form 321	13		00		

15

16

17

21

23

500 00

00

00

00 00

00

00

00

00

500 00

Continued on page 2 ▶

14 Credit for Contributions Made or Fees Paid to Public Schools from Form 322 • 15 Credit for Contributions to School Tuition Organizations from Form 323 • • • •

20 Credit for Motion Picture Production Costs from Form 334

22 Credit for Investment in Qualified Small Businesses from Form 338

21 Credit for Solar Energy Devices Commercial and Industrial Applications from

17 Credit for Donation of School Site from Form 331

24 Total Available Tax Credits: Add lines 1 through 23

YOUR NAME AS SHOWN ON PAGE 1	YOUR SOCIAL SECURITY NO.	D1 - 08/23/07
Hanny T Winner	400-00-7505	

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year. 25 Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26 • • • • • • 1.020 00 26 Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; 26 28 Tax from recapture of Environmental Technology Facility Credit from 28 00 29 Tax from recapture of Credit for Healthy Forest Enterprises from 29 00 30 Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27 · · · · · · · · · · 30 00 31 00 32 00 32 Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31 · · · · ·

Nonrefundable Tax Credits Claimed

Ente	r amount of credits actually claimed from Part I.			
34	Defense Contracting Credit from Form 302	34		00
35	Enterprise Zone Credit from Form 304 · · · · · · · · · · · · · · · · · · ·	35		00
36	Environmental Technology Facility Credit from Form 305 (not to exceed 75%			
	of line 31) • • • • • • • • • • • • • • • • • • •	36		00
37	Military Reuse Zone Credit from Form 306 · · · · · · · · · · · · · · · · · · ·	37		00
38	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25%			
	of line 31 or \$5,000) • • • • • • • • • • • • • • • • • •	38		00
39	Credit for Increased Research Activities from Form 308-I	39		00
40a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R •	40a		00
40b	Nonresident Credit for Taxes Paid to Another State or Country from			
	Form 309-NR • • • • • • • • • • • • • • • • • • •	40b)	00
40c	Part-Year Resident Credit for Taxes Paid to Another State or Country from			
	Form 309-PY • • • • • • • • • • • • • • • • • • •	40c	;	00
40d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also			
	Considered to Be a Statutory Resident of Another State from Form 309-D • • •	40 d	I	00
41	Credit for Solar Energy Devices from Form 310 • • • • • • • • • • • • • • • • • • •	41		00
42	Agricultural Water Conservation System Credit from Form 312 • • • • • • • • •	42		00
43	Pollution Control Credit from Form 315 · · · · · · · · · · · · · · · · · · ·	43		00
44	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle			
	Recharge Outlets from Form 319 · · · · · · · · · · · · · · · · · · ·	44		00
45	Credit for Employment of TANF Recipients from Form 320 • • • • • • • • • • • • • • • • • • •	45		00
46	Credit for Contributions to Charities that Provide Assistance to the Working			
	Poor from Form 321	46		00
47	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 ••	47		00
48	Credit for Contributions to School Tuition Organizations from Form 323 • • • •	48	500	00
49	Agricultural Pollution Control Equipment Credit from Form 325	49		00
50	Credit for Donation of School Site from Form 331 • • • • • • • • • • • • • • • • • •	50		00
51	Credit for Healthy Forest Enterprises from Form 332 • • • • • • • • • • • • • • • • • •	51		00
52	Credit for Employing National Guard Members from Form 333 • • • • • • • •	52		00
53	Credit for Motion Picture Production Costs from Form 334 · · · · · · · · · · · · · · · · · ·	53		00
54	Credit for Solar Energy Devices Commercial and Industrial Applications from			
	Form 336 • • • • • • • • • • • • • • • • • •	54		00
55	Credit for Investment in Qualified Small Businesses from Form 338 • • • • • •	55		00
56	Credit for Water Conservation Systems from Form 339 · · · · · · · · · · · · · · · · · ·	56		00
57	Total Tax Credits Claimed: Add lines 34 through 56. Total cannot be more than line	e 33.	Enter this	
	amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or			
				г

Subtract line 32 from line 31

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

500 00

57

2007

Credit for Contributions to Private School Tuition Organizations

Do	not use this form for contributio	ns or amounts paid to a	public school. See Form 32	2 for contributions or amounts pai	d to public schools.
		For	r the calendar year 2007, or		
	fiscal year l		•		
	fiscal year b	<u></u>	and ending	<u> </u>	
			Attach to your return		
	R NAME AS SHOWN ON FORM 140, 140	NR, 140PY OR 140X		YOUR SOCIAL SECU	
	appy I Winner USE'S NAME AS SHOWN ON FORM 140,	140NR. 140PY OR 140X		400-00-75 SPOUSE'S SOCIALS	
1a	rent Year's Credit Qualifying Contributions Made to: Name of school tuition organiza Address of school tuition organiza Amount of contributions made to: Qualifying Contributions Made to: Name of school tuition organiza Address of school tuition organiza Address of school tuition organiza Amount of contributions made to s If you made contributions to mo Total contributions made to school Single taxpayers or heads of hous Current year's credit: enter the smenter one-half of the smaller of line	ation: 765 NORTH Glendale, school tuition organization ation: school tuition organization ore than 2 school tuition I tuition organizations duri school, enter \$500 here. Maller of line 1c or line 2. If	named on line 1b named on line 1b organizations, attach a separation of the separation of	here · · · · · · · 2	750 00 500 00 500 00
۸۷۵	nilable Credit Carryover	o to or line Z			<u> </u>
ع ۷۰ 	(a)	(b)	(c)	(d)	
	Taxable Year from which you are			Available Carryover:	
-	carrying the credit	Original Credit Amount	Amount Previously Used	Subtract column (c) from column (b).
4	2002	\$	\$	\$	
Ī					
5	2003	\$	\$	\$	
6	2004	\$	\$	\$	
_[
7	2005	\$	\$	\$	
8	2006	\$	\$	\$	
9 7	TOTAL AVAILABLE CARRYOVER:			\$	

Total Available Credit

10	Current year's credit: enter the amount from line 3	10	50000
11	Available credit carryover from line 9, column (d)	11	00
12	Total available credit. Add line 10 and line 11. Enter the total here and see the instructions	12	500 00

ARIZONA FORM

Arizona Department of Revenue E-file Signature Authorization

2007

AZ-8879	E-file Signature	Authorization	
YOUR FIRST NAME AND INITIAL	LAST	NAME	YOUR SOCIAL SECURITY NO.
Happy I	Wi:	nner	400-00-7505
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND IN			SPOUSE'S SOCIAL SECURITY NO.
PART I PURPOSE			
-			
· ·	` ,	, ,	. ,
	taxpayer's signature to the taxp	•	
PART I - TAX RETURN INFORMATION			
		Must be present when requesting direct de	bit or deposit.
Dalance of Tax	<u> </u>	X Checking Savings 0 2	1 2 3 4 5 6 7
3 Arizona Income Tax Withheld • 3 2	<u>523 00 </u>	ACCOUNT NUMBER	
Check box 4 or box 5:		0 0	
4 X REFUND. Enter the amount of refund ••••			
5 AMOUNT YOU OWE. Enter the amount owed	- 00		
		provided on your tax return. Your refund an	iount will be deposited in the
	` '		
		'	
payment. The payment will be withdrawn from	the account and on the date li	sted in the Financial Institution Information S	section (Part II).
PART III DECLARATION AND SIGNATURI	E AUTHORIZATION (Sign only	y after completing Part II)	
, , , ,	,	, , ,	
	hheld, and refund (or amount owed) lis	ted above are the amounts shown on the paper copy of	of my electronic
Arizona income tax return.	and the discontinuous and the discontinuous and	and the second of the second o	If the constitution
23.			n. It I have filed a
6b Ldo not want direct deposit of my refur			
o-	•	and the American Amer	and Allert Adal 10
radiionze ine rinzona Bepartment or			
the financial institutions involved in the and resolve issues related to the paym		of taxes to receive confidential information necessary	o answer inquiries
return, the electronic portion of my state return will also		, , , , , , , , , , , , , , , , , , , ,	,
Lonsent to my Electronic Return Originator (ERO) or O	nn-l ine Service Provider (OLSP) sendir	ng my electronic Arizona individual income tay return a	and accompanying
•		,	
		· · · · · · · · · · · · · · · · · · ·	
rization form, I authorize my ERO to release copies of the	ie requested documents to DOR.		
l authorize <u>Joe smith</u>	to make	the election that I want my electronic signature to my	electronic federal individual
		the election that I want my electionic signature to my	sectionic leadral marviadal
income tax return to serve as my signature to my electronic	onic Arizona individual income tax retur	n for the year ending December 31, 2007, Lunderstan	d that when my
Arizona individual income tax return, I will need to execu	•	griature to my rederal individual income tax return as r	ny signature to my
В	Correctness, and completeness of the taxpayer's electronic income tax return. Return Originator (ERQ) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's x return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. RMATION PART II - FINANCIAL INSTITUTION INFORMATION - Must be present when requesting direct debit or deposit. PYEC 6F ACCOUNT NUMBER COCUNT NUMBER SOUTHON NUMBER		
[▶		0	
YOUR PEN AND INK SIGNATURE			
ĔĘ			
s ^E ▶			
YOUR PEN AND INK SIGNATURE SE SE SPOUSE'S PEN AND INK SIGNATURE SPOUSE'S PEN AND INK SIGNATURE		DATE	
Do not mail this form to the A	rizona Department of Revenu	e. The ERO must retain this document a	minimum of four years.

ARIZONA SCHEDULE

Listing of Additional Dependents, Parents/Ancestors, Other Additions, and Other Subtractions

2007

1

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY Social Security Number 400-00-7505 Happy I Winner

Additional	Depend	lents
------------	--------	-------

парру т	winner	400	-00-7303				
Additional Deper	ndente						
Additional Deper	ildents			No. of Months Lived			
	FIRST AND LAST NAME	SSN	RELATIONSHIP	in Your Home in 2007			
Dependent 4	Michael MONDAY	400-55-7563	DAUGHTER	12			
	A <u>RCHIBALD Winner</u>	900-93-7564	SON	12			
	Z <u>ACH Winner</u>	400-55-7565	CHILD	12			
	N <u>orman Greentree</u>	400-55-7566	OTHER	12			
Dependent 8	Norman Greentree	400-33-7366	OTHER	12			
Dependent 9							
Dependent 10							
Dependent 11							
Dependent 12							
Dependent 13							
Dependent 14							
•	fying Parent/Ancestors						
Parent/Ancestor 2		400 EE 7E71	DADENIII	00			
Parent/Ancestor 3	THINT DITTINT	400-55-7571	PARENT	00			
Parent/Ancestor 4							
Other Additions							
Other Additions	Description			Amoun			
^				Aillouil			
	Pension Adjustments Married Persons Filing Separate Retu	urno					
		IIIIS		1			
	C. Partnership Income			150			
	D. Fiduciary Adjustment						
E		- Durance					
F				75			
	Claim of Right Adjustment for Amount						
F		Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years					
l.	Addition to S Corporation Income Due		the same Outlet Francisco				
J			charge Outlet Expenses				
	Wage Expense for Employers of TAN	F Recipients					
L	··	Ole in a die One die Feer landerster	and to Overlife at Overall Descions				
	Adj. Basis in Prop. for Which You Hav		ent in Qualified Small Businesses				
	Depreciation or Amortization for a Wa	·					
	Agricultural Water Conservation System	em Credit					
F	C. Other Adjustments (see instructions)		T 1 100 A 1 100				
Other Culturation	no Lietino		Total Other Additions	225			
Other Subtraction				A			
	Description Description	and a large large and O also		Amoun			
	Previously Reported Gain on Decede	nt's installment Sale		125			
_	Fiduciary Adjustment						
C	<u> </u>						
		nterest					
E							
F							
G			8	100			
F	d. Certain Expenses Not Allowed for Fed						
I.		butions					
J							
K		·	e in a Prior Taxable Year				
L	. Agricultural Crops Given to Arizona C						
	Basis Adjustment for Property Sold or	· · · · · · · · · · · · · · · · · · ·	the Taxable Year				
N	I. Adjustment for IRC § 179 Expense N	ot Allowed					
C	Displaced Pupil Choice Grant Awards						
	Other Adjustments (see instructions)			1			

Total Other Subtractions

225

P. Other Adjustments (see instructions)

a Control number			OMB No. 1545-	Safe, accurate 0008 FAST! Use	e, IRS e-	file	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)				1 Wages, tips, other comp	pensation	2 _F	ederal income tax withheld
61-6270532				77	700		10,800
C Employer's name, address, and ZIP code				3 Social security wages		4 S	social security tax withheld
ANIMAL STAR CIRCUS				87	,900		5,450
				5 Medicare wages and tip	s	6 _N	Medicare tax withheld
RR 72 BOX 187				87	,900		1,275
TUCSON	AZ	857	01	7 Social security tips		8 A	allocated tips
d Employee's social security number				9 Advance EIC payment		10 D	Dependent care benefits
400-00-7505							
e Employee's first name and initial	Last name		Suff.	11 Nonqualified plans		12a S C e P	tee instructions for box 12
HAPPY I WINNE	lR			13 Statutory Retmnt. plan	Third-party sick pay	12b C Q e D	1
7 HEAVENS LN				14 Other		12c C	•
TUCSON	AZ	857	01			Coae	
f Employee's address and ZIP code						12d C 0 e	
1 - 3	te wages, tips, etc.	17 State	income tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name
OR 617283	77,700		1,250	311, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
L	•		•			4	
						_	
Wago and Tay					Don ortmont		racount Internal Dayonus Caniga

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 $\rm F$ return by PIMA PAWN SHOP.



a Control number		OMB No. 1545	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
61-2987342			3,200	78
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
FICA CIRCUS			3,200	198
			5 Medicare wages and tips	6 Medicare tax withheld
123 BLUEBIRD CIRCL	E		3,200	46
BETHLEHEM	KY	40007	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-7505			11	12a See instructions for box 12
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	Ç
HAPPY I WIN	NER		13 Statutory Retmnt. Third-party sick pay	12b C Q
7 HEAVENS LN			14 Other	12c C
TUCSON	AZ	85701		C 8 e
				12d C 8
f Employee's address and ZIP code			T ₁	
	State wages, tips, etc. 1		18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name
AZ 61-2987342	3,200	23		
				4] }
Ware and Tay	·		Donartment	of the Treasury Internal Pevenue Service

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 $\rm F$ return by PIMA PAWN SHOP.



c	ORRECTED		OMB No. 1545-0238
PAYER'S name	1 Gross winnings	2 Federal income tax withheld	2008
Arizona State Lottery	500		
Street address	3 Type of wager	4 Date won	Form W-2G
199 Market Street	Lotterv	2007-07-04	Certain
City, state, and ZIP code	5 Transaction	6 Race	Gambling
Glendale AZ 85304			Winnings
Federal identification number Telephone number	7 Winnings from identical wagers	8 Cashier	For Privacy Act and
55-5555123			Paperwork Reduction Act
WINNER'S name	9 Winner's taxpayer ID no.	10 Window	Notice, see the 2008
Happy I Winner	400-00-7505		General Instructions for
Street address (including apt. no.)	11 First I.D.	12 Second I.D.	Forms 1099, 1098, 5498,
h heavens in			and W-2G.
City, state, and ZIP code	13 State/Payer's state ID no.	14 State income tax withheld	
TUCSON AZ 85701	AZ55-5555123		File with Form 1096.
Under penalties of perjury, I declare that, to the best of my knowledge and have funished correctly identify me as the recipient of this payment and a to any part of these payments.	d belief, the name, address, and taxpaye	er identification number that I that no other person is entitled	Copy A For Internal Revenue
Signature >	Da	ate 🕨	Service Center

Form W-2G

Department of the Treasury - Internal Revenue Service

The information on this Form W-2G was used to prepare the taxpayer's 2007 Federal tax return by PIMA PAWN SHOP.



	VOID CORR	RECTED		
PAYER'S name, street address, city	, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From nsions, Annuities, Retirement or
THE EMPLOYEER		\$ 15,000 2a _{Taxable} amount \$ 10,000	2007 Form 1099-R	Retirement or Profit-Sharing Plans, IRAS, Insurance Contracts, etc.
WAYNESVILLE	NC 28786	\$ 10,000 2b Taxable amount not determined	Total distribution	Copy A
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	For Internal Revenue Service Center
11-1222333	400-00-7505	\$	\$	File with Form 1096.
RECIPIENT'S name Happy I Winner		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$	6 Net unrealized appreciation in employer's securities	For Privacy Act and Paperwork Reduction Act Notice, see the
Street address (including apt. no.)		7 Distribution Code IRA/ SEP/ SIMPLE	8 Other	2007 General Instructions for
7 HEAVENS LN City, state, and ZIP code TUCSON	AZ 85701	9a Your percentage of total distribution %	\$ % 9b Total employee contributions \$	Forms 1099, 1098, 5498, and W-2G.
	1st year of desig. Roth contrib.	10 State tax withheld \$ 2,500	11 State/Payer's state no. AZ 11-1222333	12 State distribution \$ 10,000
Account number (see instructions)	•	13 Local tax withheld	14 Name of locality	15 Local distribution \$
		\$		\$

Form 1099-R

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by PIMA PAWN SHOP.

	CORREC	CTED (if checked)			
PAYER'S name, street address, city, state,	ZIP code, and telephone no.	1 Unemployment compensation	OMB No. 1545-0120		
State Government 123 Main Street Phoenix	AZ 85001	\$ 5,400 2 State or local income tax refunds, credits, or offsets	2007		Certair Governmen Payments
		\$	Form 1099-G		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Box 2 amount is for tax year	4 Federal income tax wit	thheld	Copy B
700800900	400-00-7505	2007	\$		For Recipient
RECIPIENT'S name Happy I Winner		5 ATAA payments	6 Taxable grants		This is important tax information and is being furnished to the Internal Revenue
Street address (including apt. no.)		7 Agriculture payments	8 Box 2 is trade or		Service. If you are required to file a return,
7 HEAVENS LN		\$	business income		a negligence penalty or
City, state, and ZIP code		State	State identification numb	per	other sanction may be imposed on you if this
TUCSON	AZ 85701	AZ	700800900		income is taxable and the IRS determines that
Account number (see instructions)		State unemployment amount 5 - 400	State withholding		it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service



ARIZONA



SSN: 400-00-7506

Description: Resident, Single, Direct Debit

Arizona Information:

Forms used: Form 140, Schedule 1, Schedule 2, Forms 221, 301, 306, 307, 312, 319, 325, 332, and AZ-8879

Other:

Clean Election Deduction = 5

Routing Number: 022173454

AZ Estimated Tax Payments = 100

Checking Acct #: 321121123

Medical Savings Account Distribution = 450

Schedule 1: Add: (Line G: 600) + (Line H: 175)

Subtract: (Line H: 5,000) + (Line L: 550)

Construction of energy efficient residence = 5,000

Form 221: Underpayment of estimated tax penalty

Taxpayers' Daytime Phone Number: 866-400-5000

Income Information:	Total
Wages from one W-2 Form	450,000
Dividends	86,666
Schedule F (Net Farming Loss)	(36,666)
Federal AGI	500,000

Deductions and Adjustments	Total	Arizona
Depreciation: excluding Section 179	1,666	1,666
Section 179 Expense	50,000	25,000

Preparer Information:

Firm = Drake Income Tax Address = 235 Palmer Street, Franklin, NC 28734-1234 Phone = 828-888-1818 Self Employed = No PTIN = P24680000 EIN = 56-1494243

Resident Personal Income Tax Return D1 (8/23/7) FOR CALENDAR YEAR 2007 OR FISCAL YEAR BEGINNING AND FNDING YOUR FIRST NAME AND INITIAL LAST NAME YOUR SOCIAL SECURITY NO (required RAYMOND Getstoomuch 400-00-7506 IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL SPOUSE'S SOCIAL SECURITY NO. (required) LAST NAME 1 PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT NO DAYTIME PHONE (with area code) 89 X 2 811 MOUNTAIN VIEW LANE 866-400-5000 CITY, TOWN OR POST OFFICE **ZIP CODE** HOME PHONE (with area code) Check this box if: 3 94 82F Filing under extension GLOBE, AZ 85501 Married filing joint return FOR DOR USE ONLY Head of household - name of qualifying child or dependent l a Married filing separate return. Enter spouse's Social Security Number above n u and full name here g s 7 X Single 8 00 Εt Age 65 or over (you and/or spouse) 88 x i e o 9 0 0 number claimed. Do not put a check mark. Blind (you and/or spouse) 10 0 0 m n Dependents. From page 2, line A2 - do not include self or spouse. p s 81 80 Qualifying parents and ancestors of your parents. From page 2, line A5 THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN 12 500,000 12 Federal adjusted gross income 13 27,891 13 Additions to income (from page 2, line B13) 00 **14** Add lines 12 and 13 • • • • • 527,891 00 ₁₅1 1 17,216 00 15 Subtractions. No. from line C27a: 15 16 Arizona AGI. Line 14 minus line 15 · · · · · 16 510,675 00 17 ITEMIZED 17SX STANDARD · · 17 4,373 00 18 2,100 18 Personal exemptions 00 Attach W-2 504,202 19 00 19 AZ taxable inc. Line 16 minus lines 17 & 18 21,852 20 Compute tax. Use line 19 & proper tax table 20 00 21 Tax from recapture of credits 21 00 22 Subtotal of tax. Add lines 20 and 21 22 , 852 00 23 2 SPOUSE 23-24 23 1 X YOURSELF 24 00 return If item <u>847</u> 25. Reduced tax. Subtract line 24 from line 22 25 00 izing, attach 26. Family income tax credit from p. 15 of instr 26 00 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required 27 11,075 00 3 9 312 28 Credit type. Enter form number of each credit claimed: |3|0|6 13017 Sche 29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions 29 00 A and 10,772 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25; enter zero 30 00 zona 400 Arizona income tax withheld during 2007° 31 00 Sche 32 32 100 00 dule A Arizona estimated tax payments for 2007 Amount paid with 2007 Arizona extension request (Form 204) 33 00 quired 34 34 Increased Excise Tax Credit from worksheet on page 17 of the instructions * 00 35 35 00 Total payments/refundable credits: Add lines 31 through 35 500 oo 36 36 10,272 37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40 00 38 OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment 38 00

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ARIZONA WILDLIFE . .

NATIONAL GUARD. . RELIEF FUND

S Savings

SPECIAL OLYMPICS. .

CHILD ABUSE PREVENTION

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51 Check only one if making a political gift Democratic Libertarian 513 Republican

REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on fine 56 Direct Deposit of Refund: See instructions.

ROUTING NUMBER ACCOUNT NUMBER C C Checking

Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

Balance of overpayment. Subtract line 39 from line 38 · · · · · ·

AID TO EDUCATION 41 (entire refund only)

CITIZENS CLEAN ELECTION 1933

DOMESTIC VIOLENCE SHELTE

VETERANS' DONATIONS FUMD

NEIGHBORS HELPING...

Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 52 • •

Check applicable boxes 1 Annualized/Other 22 Farmer or Fisherm 3 X Form 221 attaches 4 489 54 00 55 00 c Checking or 10,761 AMOUNT OWED: Add lines 37 and Make check payable to Arizona Department of Revenue; include SSN on payment. 56

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C17 Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000 C18 Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15 C19 Interest on U.S. obligations such as U.S. savings bonds and treasury bills C20 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer) C21 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) C22 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount) C22 1, 500 and Recalculated Arizona depreciation C23 1,666 or C24 Certain wages of American Indians C24 0, 500 and C25 Certain wages of American Indians C25 0, 500 and C26 Certain wages of American Indians C26 0, 500 and membrane of the instructions C27 0, 500 and membrane of the instructions of the instructions of the instructions of the instruction of an energy efficient residence. See page 11 of the instructions C27 0, 500 and employer contributions into MSAs. See page 11 of the instructions C28 0, 500 and employer contributions into MSAs. See page 11 of the instructions C29 0, 500 and employer contributions and attach your own schiege. Schedule 1. 500 and 50				-		1		
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income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15 C19 Interest on U.S. obligations such as U.S. savings bonds and treasury bills C20 Exclusion for federal, Arizona state or local government pensions (up to \$5,000 only) C21 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only) C22 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount) C22 0.00 C23 Recalculated Arizona depreciation C24 Certain wages of American Indians C25 Income tax refund from other states. See instructions C26 Leposits and employer contributions into MSAs. See page 11 of the instructions C27 Construction of an energy efficient residence. See page 11 of the instructions C28 Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces C29 Other subtractions from income. See instructions and attach your own scheder Schedule 1 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C18	71 0 7 7 7	If you have no other subtractions from	_	0 100	1		
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Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer) C20	C19	• •						00
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Recalculated Arizona depreciation C23	C21	_				C21		00
C24 000 C25 Income tax refund from other states. See instructions	C22	U.S. Social Security or Railroad Retirement Ac	et benefits included as income on your fed	deral return (the taxable amour	nt) • • • • • • • • • • • • • • • • • • •	C22		00
Income tax refund from other states. See instructions C25	C23	Recalculated Arizona depreciation • • •				C23	1,666	5 00
Deposits and employer contributions into MSAs. See page 11 of the instructions C27 Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27 S,000 00 C28 Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces C28 00 C29 Other subtractions from income. See instructions and attach your own schSiee Schedule 1: C29 10,550 00 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 17,216 00 Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year D31 I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. POUR SIGNATURE DATE DATE SPOUSE'S OCCUPATION DRAKE INCOME TAX FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) PAID PREPARER'S SIGNATURE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) 235 PALMER STREET	C24	Certain wages of American Indians • • •				C24		00
C27 Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a 1 then amount C27 5,000 00 C28 Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces C28 00 C29 Other subtractions from income. See instructions and attach your own schStee Schedule 1 C29 10,550 00 C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 17,216 00 Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year D31 I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. YOUR SIGNATURE DATE DATE SPOUSE'S SIGNATURE PAID PREPARER'S SIGNATURE PAID PREPARER'S SIGNATURE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) 235 PALMER STREET	C25	Income tax refund from other states. See instr	ructions	• • • • • • • • • • • •		C25		00
C28 Compensation received for active service as a member of the reserves, national guard or the U.S. armed forces C29 Other subtractions from income. See instructions and attach your own sch Side Schedule: C30 Other subtractions from income. See instructions and attach your own sch Side Schedule: C30 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 C30 17,216 00 C30 17,21	C26	Deposits and employer contributions into MSA	s. See page 11 of the instructions	<u></u>		C26		00
Other subtractions from income. See instructions and attach your own sch Stee Schedule: Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15 Total: Add lines C18 through C29. Enter here and on page 1 of this form	C27	Construction of an energy efficient residence.	See page 11 of the instructions. Enter nu	ımber: C27a 1 , tł	nen amount	C27	5,000) 00
Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C28	Compensation received for active service as a	member of the reserves, national guard	or the U.S. armed forces		C28		00
Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year D31 Date	C29	Other subtractions from income. See instruction	ons and attach your own sch Sd⊕e So	chedule 1 · · · ·		C29	10,550) 00
I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 10-09-2007 TAX PREPARER	C30			• • • • • • • • • • • •		C30	<u> 17,216</u>	5 00
I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 10-09-2007	Part [: Last Name(s) Used in Prior Years	if different from name(s) used	in current year				
YOUR SIGNATURE TO 10-09-2007 DATE SPOUSE'S SIGNATURE DATE DATE DRAKE INCOME TAX PAID PREPARER'S SIGNATURE PAID PREPARER'S SIGNATURE P24680000 10-09-2007 235 PALMER STREET	D31							
YOUR SIGNATURE TO 10-09-2007 DATE SPOUSE'S SIGNATURE DATE DATE DRAKE INCOME TAX PAID PREPARER'S SIGNATURE PAID PREPARER'S SIGNATURE P24680000 10-09-2007 235 PALMER STREET		I have read this return and any attachments wi	th it Under penalties of perjury I declare	that to the hest of my knowled	ge and helief, they are true, corre			
YOUR SIGNATURE SPOUSE'S SIGNATURE DATE DATE DOCCUPATION DATE SPOUSE'S OCCUPATION DRAKE INCOME TAX FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) P24680000 10-09-2007 235 PALMER STREET	P L	and complete. Declaration of preparer (other th	nan taxpayer) is based on all information					
SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION DRAKE INCOME TAX PAID PREPARER'S SIGNATURE P24680000 10-09-2007 235 PALMER STREET	Ē	VOLD CLONATURE				<u>.ER</u>		
SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION DRAKE INCOME TAX PAID PREPARER'S SIGNATURE P24680000 10-09-2007 235 PALMER STREET	S E	YOUR SIGNATURE		DATE	OCCUPATION			
DRAKE INCOME TAX PAID PREPARER'S SIGNATURE P24680000 10-09-2007 235 PALMER STREET		CDOLICEIC CIONATUDE		DATE	CDOLLCEIC OCCUPATIO			_
PAID PREPARER'S SIGNATURE P24680000 10-09-2007 FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) 235 PALMER STREET		SPOUSE S SIGNATURE				ЛN		
P24680000 10-09-2007 235 PALMER STREET		DAID DDEDADED'S SIGNATURE						—
F24000000 DATE PAID PREPARER'S ADDRESSED AND TAX ATC 20724 1224	E		00_2007	,	,			
	E	PAID PREPARER'S TIN DATE				2.4		—

D1 (8/23/7)

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ 85038-9204. If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

ARIZONA FORM
221

Underpayment of Estimated Tax by Individuals

Attach to your return

2007

NAME (FIRST, MIDDLE INITIAL, LAST). IF JOINT RETURN, ALSO GIVE SPOUSE'S NAME AND INITIAL SOCIAL SECURITY NUMBER 400-00-7506 RAYMOND Getstoomuch Part A Calculation of Underpayment I am claiming an exception from the imposition of the estimated payment penalty and interest because I qualified for federal relief under IRC\$ 6654. Check box and see instructions 2 00 Amount of tax for 2007 from Form 140, page 1, line 25, or form 140PY, page 1, line 28, or Form 140NR, page 1, line 28 847 3 3 Tax credits claimed on your 2007 Arizona return ,075 4 Subtract line 3 from line 2 4 00 772 5 5 400 Arizona tax withheld during 2007. Do not include any estimated tax payments or amounts paid with Form 204 on this line 6 6 Subtract line 5 from line 4. If less than \$1,000, stop here. You do not owe the penalty. Do not file Form 221 00 372 7 7 9,695 00 8 8 00 Enter the immediately preceding year's tax liability after tax credits. See instructions Required Annual Payment: Enter the lesser of line 7 or line 8 9 695 00 (c) (a) (d) Apr-16-2007 Jun-15-2007 Sep-17-2007 Jan-15-2008 10 Divide the amount on line 9 by the number of payments required for the year (usually 04152008|04152008|04152008|04152008| four). Enter the result in appropriate columns. If you use any other installment method, check this box _____. If you annualize, complete the worksheet on page 2 of this form and enter the amount from line 23 of that worksheet in each column of line 11 2,424 2,424 ,424 423 12 Estimated tax paid and income tax withheld. See instructions 200 100 100 100 Add lines 12 and 13 200 100 100 100 Underpayment: Subtract line 14 from line 11; or UNDER UNDER UNDER UNDEF <u>2,224</u> 2,324 2,323 2,324 Part B Underpayment of Estimated Tax Penalty RATE PERIOD ONE: 8% (Apr-16-07 - Jun-30-07) Apr-16-07 Jun-15-07 17 Number of days after the date on line 16 through the date the amount on line 15 was paid or June 30, 2007 whichever is earlier 17 Days: 74 15 Number of days on line 17 x 8% x underpayment on line 15 18 365 36 RATE PERIOD TWO: 8% (Jul-1-07 - Sep-30-07) Jun-30-07 Jun-30-07 Sep-17-07 20 Number of days after the date on line 19 through the date the amount on line 15 was paid or September 30, 2007 whichever is earlier 20 Days: 92 Days: 92 15 Days: Number of days on line 20 x 8% x underpayment on line 15 21 21 45 47 22 RATE PERIOD THREE: * % (Oct-1-07 - Dec-31-07) Sep-30-07 Sep-30-07 Sep-30-07 23 Number of days after the date on line 22 through the date the amount on line 15 was paid or December 31, 2007 whichever is earlier 23 Days: 92 Days: 92 92 Days: 24 Number of days on line 23 x * % x underpayment on line 15 365 24 45 47 47 RATE PERIOD FOUR: * % (Jan-1-08 - Apr-15-08) 25 Computation starting date for this period 25 Dec-31-07 Dec-31-07 Dec-31-07 Jan-15-08 26 Number of days after the date on line 25 through the date the amount on line 15 Days: 106 Days: 106 Days: 106 Days: 91 27 Number of days on line 26 x * % x underpayment on line 15 plus any penalty from 366 Rate Periods One, Two and Three if the underpayment is unpaid as of January 1, 2008 27 52 54 54 46 28 Penalty: Column (a) -Add lines 18, 21, 24, 27. Enter the total on line 28 of column a. Column (b) - Add lines 18, 21, 24, 27. Enter the total on line 28 of column b. Column (c) - Add lines 21, 24, 27. Enter the total on line 28 of column c. Column (d) - Enter the amount from column d, line 27. 28 178 156 109 46 Penalty Limitation: In columns a through d, list the smaller of line 15 x 10% or 178 156 109 TOTAL PENALTY: Add the amounts in columns a, b, c, and d, line 29 (see instructions) 489 00

D1 - 8/22/07

		~
YOUR NAME AS SHOWN ON PAGE 1	YOUR SOCIAL SECURITY NO.	
RAYMOND Getstoomuch	400-00-7506	

Annualized Income Installment Worksheet

		Jan-1-07	Jan-1-07	Jan-1-07	Jan-1-07
Со	mplete lines 1 through 23 of one column before completing the next column.	to	to	to	to
		Mar-31-07	May-31-07	Aug-31-07	Dec-31-07
1	Enter your Arizona adjusted gross income without your dependent, qualifying				
	parent or ancestor, blind, or over 65 exemptions for each period 1				
2	Annualization amounts $\cdots \cdots \cdots$	4.0	2.4	1.5	1.0
3	Annualized income: Multiply line 1 by line 2 $\cdots \cdots \cdots \cdots \cdots 3$				
	Enter your itemized deductions for the period shown in each column. If you do				
	not itemize, enter zero and skip to line 7 · · · · · · · · · · · · 4				
5	Annualized amounts	4.0	2.4	1.5	1.0
6	Annualized itemized deductions: Multiply line 4 by line 5 6				
7	Enter your standard deduction from Arizona Form 140, line 17,				
	Form 140PY, line 20, or Form 140NR, line 20				
8	Enter the amount from line 6 or line 7, whichever is larger •••••• 8				
9	Subtract line 8 from line 3 · · · · · · · · · · · · 9				
10	Enter the amount allowed for personal, blind, over 65, dependent, and				
	qualifying parent or ancestor exemptions claimed on your Arizona Form 140,				
	Form 140PY, or Form 140NR • • • • • • • • • • • • • • • • • • •				
11	Subtract line 10 from line 9 · · · · · · · · · · · · · · · · · ·				
12	Figure your tax on the amount on line 11 using Tax Rate Table X or Y 12				
13	For each period, enter the amount of tax credits allowed on your Arizona				
	Form 140, Form 140PY, or Form 140NR • • • • • • • • • • • • • • • • • • •				
14	Subtract line 13 from line 12. If zero or less, enter "zero" 14				
15	Applicable percentages	22.5%	45.0%	67.5%	90.0%
16	Multiply line 14 by line 15				
17	Enter the combined amounts of line 23 from all preceding columns • • • • • • • 17				
18	Subtract line 17 from line 16. If less than zero, enter "zero" · · · · · · · · 18				
19	Divide line 9 from page 1, of this Form 221, by four (4), and enter the result in				
	each column • • • • • • • • • • • • • • • • • • •				
20	Enter the amount from line 22 of the preceding column of this worksheet ••• 20				
21	Add lines 19 and 20, and enter the total $ \cdots \cdots \cdots \cdots \cdots \cdots \cdots \cdots \cdots $				
22	If line 21 is more than line 18, subtract line 18 from line 21. Otherwise,				
	enter "zero" • • • • • • • • • • • • • • • • • • •				
23	Enter the smaller of line 18 or line 21 here and on page 1, line 11 · · · · · · · · 23				

D1 - 08/23/07

00

00

2007

ARIZONA FORM
301

	For the calendar year 2007, or	
fiscal year beginning	and ending	·

Attach to your return

YOUR NA	ME AS	SHOWN ON FORM 140, 140PY, 140NR OR 140X		YOUR SO	CIAL	SECURITY NUMBER
RAY	MON	D Getstoomuch		400-	00-	·7506
		E AS SHOWN ON FORM 140, 140PY, 140NR OR 140X		SPOUSE'	s soc	IAL SECURITY NUMBER
Part I		nrefundable Individual Tax Credits er total available tax credits.				
	1	Defense Contracting Credit from Form 302	1		00	
	2	Enterprise Zone Credit from Form 304	2		00	
	3	Environmental Technology Facility Credit from Form 305 • • • • • • • • • • • • • • • • • • •	3		00	
	4	Military Reuse Zone Credit from Form 306 • • • • • • • • • • • • • • • • • • •	4	7,800	00	
	5	Recycling Equipment Credit from Form 307	5	50		
	6	Credit for Increased Research Activities from Form 308-I • • • • • • • • • • • • • • • • • • •	6		00	
	7a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R •	7a		00	
	7b	Nonresident Credit for Taxes Paid to Another State or Country from				
		Form 309-NR	7b		00	
	7с	Part-Year Resident Credit for Taxes Paid to Another State or Country from				
		Form 309-PY	7с		00	
	7d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also				

9	Agricultural Water Conservation System Credit from Form 312 · · · · · · ·	9	975	00
10	Pollution Control Credit from Form 315 · · · · · · · · · · · · · · · · · · ·	10		00
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle			
	Recharge Outlets from Form 319 · · · · · · · · · · · · · · · · · · ·	11	725	00
12	Credit for Employment of TANF Recipients from Form 320 · · · · · · · · ·	12		00
13	Credit for Contributions to Charities that Provide Assistance to the Working			
	Poor from Form 321 · · · · · · · · · · · · · · · · · · ·	13		00
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 •	14		00
15	Credit for Contributions to School Tuition Organizations from Form 323 · · · ·	15		00
16	Agricultural Pollution Control Equipment Credit from Form 325 · · · · · · ·	16	625	00
17	Credit for Donation of School Site from Form 331 • • • • • • • • • • • • • • • • • •	17		00
18	Credit for Healthy Forest Enterprises from Form 332 • • • • • • • • • • • • • • • • • •	18	900	00

Considered to Be a Statutory Resident of Another State from Form 309-D

19 Credit for Employing National Guard Members from Form 333 • • • • • • • •

8 Credit for Solar Energy Devices from Form 310 • • • • • •

19

11,075 00

Continued on page 2

YOUR NAME AS SHOWN ON PAGE 1	YOUR SOCIAL SECURITY NO.	D1 - 08/23/07
RAYMOND Getstoomuch	400-00-7506	

Part II Application of Tax Credits

Ente	er tax, recapture tax, and tax credits claimed this taxable year.				
25	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26 • • • • •	. 25	21,8	352	00
26	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27;				
	or Form 140NR, line 27; or Form 140X, line 29 • • • • • • • • • • • • • • • • • •	. 26		5	00
27	Subtract line 26 from line 25 · · · · · · · · · · · · · · · · · ·	. 27	21,8	347	00
28	Tax from recapture of Environmental Technology Facility Credit from		•		
	Form 305, Part V, line 23				
29					
	Form 332, Part IX, line 35 29 0				
30	Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 21; or				
	Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	. 30			00
31	Subtotal: Add lines 27 and 30 · · · · · · · · · · · · · · · · · ·	31	21,8	347	00
32	Family Income Tay Credit from Form 140 line 26: or Form 140PV line 29: or Form 140V line 31	32			ΛΛ

Nonrefundable Tax Credits Claimed

	er amount of credits actually claimed from Part I.			
34	Defense Contracting Credit from Form 302 · · · · · · · · · · · · · · · · · · ·	34		00
35	Enterprise Zone Credit from Form 304 · · · · · · · · · · · · · · · · · · ·	35		00
36	Environmental Technology Facility Credit from Form 305 (not to exceed 75%	- 33		00
30	of line 31) · · · · · · · · · · · · · · · · · · ·	36		00
37	Military Reuse Zone Credit from Form 306	37	7 000	-
38	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25%	31	7,800	Ш
30	of line 31 or \$5,000) • • • • • • • • • • • • • • • • • •	38		00
39	Credit for Increased Research Activities from Form 308-I	39	50	00
		40a		
	Resident Credit for Taxes Paid to Another State or Country from Form 309-R Negrecident Credit for Taxes Paid to Another State or Country from	40a		00
40D	Nonresident Credit for Taxes Paid to Another State or Country from	401-		امرا
40	Form 309-NR	40b		00
40C	Part-Year Resident Credit for Taxes Paid to Another State or Country from			
	Form 309-PY	40c		00
40d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also			
	Considered to Be a Statutory Resident of Another State from Form 309-D · · ·	40d		00
41	Credit for Solar Energy Devices from Form 310 · · · · · · · · · · · · · · · · · · ·	41		00
42	Agricultural Water Conservation System Credit from Form 312 • • • • • • • • • • • • • • • • • • •	42	975	
43	Pollution Control Credit from Form 315 · · · · · · · · · · · · · · · · · · ·	43		00
44	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle			il
	Recharge Outlets from Form 319 · · · · · · · · · · · · · · · · · · ·	44	725	00
45	Credit for Employment of TANF Recipients from Form 320 · · · · · · · · · · · · · · · · · · ·	45		00
46	Credit for Contributions to Charities that Provide Assistance to the Working			
	Poor from Form 321 · · · · · · · · · · · · · · · · · · ·	46		00
47	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 ••	47		00
48	Credit for Contributions to School Tuition Organizations from Form 323 • • • •	48		00
49	Agricultural Pollution Control Equipment Credit from Form 325 • • • • • • • •	49	625	00
50	Credit for Donation of School Site from Form 331 • • • • • • • • • • • • • • • • • •	50		00
51	Credit for Healthy Forest Enterprises from Form 332 • • • • • • • • • • • • • • • • • •	51	900	00
52	Credit for Employing National Guard Members from Form 333 • • • • • • • • •	52		00
53	Credit for Motion Picture Production Costs from Form 334	53		00
54	Credit for Solar Energy Devices Commercial and Industrial Applications from			
	Form 336	54		00
55	Credit for Investment in Qualified Small Businesses from Form 338 · · · · · ·	55		00
56	Credit for Water Conservation Systems from Form 339	56		00
57	Total Tax Credits Claimed: Add lines 34 through 56. Total cannot be more than line	= 33.	Enter this	\dashv
	amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or			
	z, = , z, , z, , z, , z,			- 1

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

11,075 00

ARIZONA FORM 306

Military Reuse Zone Credit

•	•	•	
٠,	"		
_			•

	For the calendar year 2007 or	
fiscal year beginning	and ending	·

Attach to your return.

Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165 RAYMOND Getstoomuch	Social security number or employer identification number $400-00-7506$
--	--

Part I Business Information

1	Business name • • • • • • • • • • • • • • • • • • •	1	IMPERIAL HOLDINGS
2	Business location • • • • • • • • • • • • • • • • • • •	2	1234 CLOSED BASE WAY
			PHOENIX, AZ 85072
3	Employer identification number	3	14-8484848
4	Name of military reuse zone	4	AREA 41

Part II Net Increase in Employment

5	Average employment during the current taxable year	
6	Employment baseline for preceding taxable year	
7	Net increase in employment - subtract line 6 from line 5	7 1

Part III Maximum Number of New Employees

8	Dislocated military base employees. Enter the number of new employees who are dislocated military base employees	8	2
9	Non-dislocated military base employees. Enter the number of new employees who are		
	non-dislocated military base employees • • • • • • • • • • • • • • • • • •	9	2
10	Total number of new employees. Add line 8 and line 9	10	4
11	Net increase in employment. Enter the number from Part II, line 7 · · · · · · · · · · · · · · · · · ·	11	1
12	Maximum number of new employees. Enter the lesser of line 10 or line 11 • • • • • • • • • • • • • • • • • •	12	1

Part IV Credit Calculation for Dislocated Military Base Employees

		(a)	(b)	(c)
		Number of dislocated military		A.II. 1.1 129
		base employees	Credit allowed per employee	Allowable credit
13	New employees in first year of employment	2	\$1,000	2,000
14	Employees in the second year of continuous employment	1	\$1,500	1,500
15	Employees in the third year of continuous employment	1	\$2,000	2,000
16	Employees in the fourth year of continuous employment		\$2,500	
17	Employees in the fifth year of continuous employment		\$3,000	
18	Total	4		5,500

Name: RAYMOND Getstoomuch AZ Form 306 (2007) TIN: 400-00-7506 Page 2 of 3

Part V Credit Calculation for Non-Dislocated Military Base Employees

		(a)	(b)	(c)
		Number of non-dislocated military		
		base employees	Credit allowed per employee	Allowable credit
19	New employees in first year of employment	1	\$500	500
20	Employees in the second year of continuous employment		\$1,000	
21	Employees in the third year of continuous employment	1	\$1,500	1,500
22	Employees in the fourth year of continuous employment		\$2,000	
23	Employees in the fifth year of continuous employment		\$2,500	
24	Total	2		2,000

Part	VI	S Corporation Credit Election and Shareholder's Share of Credit			
25		S Corporation has made an irrevocable election for the taxable year ending ECK ONLY ONE BOX)	to:		
		Claim the military reuse zone credit shown on Part IV, line 18, column (c) and Part V, line 24, column (c) (for the taxable year mentioned above);			
		OR			
		Pass the military reuse zone credit shown on Part IV, line 18, column (c) and Part V, line 24, column (c) (for the taxable year mentioned above) through to its shareholders.			
Signat	ture	Title	Date		
Furni	ish ea	the credit through to the shareholders, complete lines 26 through 29 separately for each shareholder. ach shareholder with a copy of the completed Form 306.			
26 27		ne of shareholder			
28		areholder's share of the amount on Part IV, line 18, column (c)	 .	- 28	00
29		areholder's share of the amount on Part V, line 24, column (c)		. 29	00
Part	VII	Partner's Share of Credit			
Com	plete	lines 30 through 33 separately for each partner.			
Furni	ish ea	ach partner with a copy of the completed Form 306.			
30	Nan	ne of partner			
31	Part	tner's TIN			
32	Part	tner's share of the amount on Part IV, line 18, column (c)	• • • •	- 32	00
33	Part	tner's share of the amount on Part V, line 24, column (c)		- 33	00

D1 8/23/07

Page 3 of 3

7,800 00

Part VIII Available Credit Carryover

		(a)	(b)	(c)	(d)	(e)	(f)
34	Taxable year	2006					
35	Original credit amount	1,000					
36	Amount previously used	675					
37	Tentative carryover - subtract line 36 from line 35	325					
38	Amount unallowable - see instructions	25					
39	Available carryover - subtract line 38 from line 37	300					
40	Total available carryover						300

Part IX	Total	Available	Cradit

41	Current year's credit for dislocated military base employees. Individuals, corporations, or
	S corporations - enter amount from Part IV, line 18, column (c). S corporation shareholders - enter
	amount from Part VI, line 28. Partners of a partnership - enter amount from Part VII, line 32 ••••••• 41 5,500 00
42	Current year's credit for non-dislocated military base employees. Individuals, corporations, or
	S corporations - enter amount from Part V, line 24, column (c). S corporation shareholders - enter
	amount from Part VI, line 29. Partners of a partnership - enter amount from Part VII, line 33 ••••••• 42 2,000 00
43	Available credit carryover - from Part VIII, line 40, column (f) 43 300 00
44	Total available credit - add lines 41, 42 and 43. Corporations and S corporations - enter total

here and on Form 300, Part I, line 4. Individuals - enter total here and on Form 301, Part I, line 4

D1 (8/2///)

Name: RAYMOND Getstoomuch

TIN: 400-00-7506 All New Dislocated Military Base Employees Form 306-1 (2007)

If you have more than 25 new dislocated military base	(b)	(c)
employees, complete additional schedules.		
(a)		Date of hire
Employee name	Social security number	or transfer
1 FERDINAND MARSHALL	151-56-1656	01-01-2000
² FEDERICK TIMUR	879-97-8456	01-01-2002
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

TIN: 400-00-7506 Name: RAYMOND Getstoomuch

Form 306-2 (2007) **Dislocated Military Base Employees Claimed** If you are claiming more than 25 dislocated military Check the appropriate box. This employee is a: base employees, complete additional schedules. (a) 1st year 2nd year 3rd year 4th year 5th year employee employee employee employee employee Employee name Social security number (c)1 (c)2 (c)5 ISABELLA BORGIA 489-18-9198 X ² FEDERICK TIMUR 879-97-8456 X 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 Total - Add lines 1 through 25. Enter

D1 (8/2///)

Name: RAYMOND Getstoomuch

TIN: 400-00-7506

Form 306-3 (2007) All New Non-D	islocated Military B	ase Employees
If you have more than 25 new non-dislocated military base employees, complete additional schedules.	(b)	(c)
(a)		Date of hire
		or
Employee name	Social security number	transfer
1 NICHOLAS ROMANOV	119-88-9779	01-01-2003
² ALEXANDER BOURBON	189-87-7898	01-01-2005
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

TIN: 400-00-7506 Name: RAYMOND Getstoomuch

Form 306-4 (2007) Non-Dislocated Military Base Employees Claimed If you are claiming more than 25 non-dislocated military base employees, complete additional Check the appropriate box. This employee is a: schedules. (a) 1st year 2nd year 3rd year 4th year 5th year employee employee employee employee employee Employee name Social security number (c)1 (c)2 (c)3 (c)5 DMITRI STUKOV 119-89-4848 ² ALEXANDER BOURBON 189-87-7898 X 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 Total - Add lines 1 through 25. Enter the total here.

ARIZONA FORM 307

Recycling Equipment Credit

2007

	For the calendar year 2007, or	
fiscal year beginning	and ending	·

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY, 140NR, 140X	YOUR SOCIAL SECURITY NO.
RAYMOND Getstoomuch	400-00-7506
SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY, 140NR, 140X	SPOUSE'S SOCIAL SECURITY NO.

Individual Taxpayers

Laws 2003, Ch. 122§§ 6 and 11, repealed the individual tax credit (A.R.S.§ 43-1076) effective for taxable years beginning from and after December 31, 2002. Individual taxpayers, including individual partners of a partnership, no longer qualify for the recycling equipment credit. A partnership cannot pass the credit through to its individual partners.

However, Laws 2003, Ch. 122§ 10, provides that individual taxpayers may claim carryovers of unused tax credits from taxable years beginning prior to January 1, 2003 for the succeeding 15 taxable years after the unused credit year. You cannot carryover any unused credit related to recycling equipment that had ceased to be recycling equipment or was transferred to another person at any time during the last four (but less than five) years. See instructions for additional information.

Part I Available Credit Carryover

	(a)	(b)	(c)	(d)	
	Taxable Year				
	from which you are	Original	Amount	Available Carryover:	
	carrying the credit	Credit Amount	Previously Used	Subtract column (c) from column (b).	
1	1993	\$ 100	\$ 50	\$ 50	
_	1001			_	
2	1994	\$	\$	\$	
3	1995	\$	\$	\$	
4	1996	Ф.	Φ.	rh.	
4	1996	\$	\$	\$	
5	1997	\$	\$	\$	
6	1998	\$	\$	\$	
7	1999	\$	\$	\$	
8	2000	\$	\$	<u> </u>	
				· · ·	
9	2001	\$	\$	\$	
10	2002	\$	\$	\$	
11	TOTAL AVAILABLE (CARRYOVER: Add the amo	ounts on		
	lines 1 through 10 in o	column (d). Enter the total of	on line 11 of		
	column (d) and on Fo	rm 301, Part 1, line 5 • •		\$ 50	

ARIZONA FORM 312

Agricultural Water Conservation System Credit

				For the calendar year 2	2007,	or			
			fiscal year beginning	a	nd en	ding			
			L	Attach to your ret	urn				
			140, 140PY, 140NR, 140X, 16	5 OR 120S		YOUR SOCIAL SECUENTIES	FICATION NUMBER		
_RAY	MON	<u>ND Getsto</u>	oomuch			400-00-7	506		
Part I	Qu	ualifying Water (Conservation System						
	1	-	conservation plan on file Department of Agriculture	e and in effect with the e Soil Conservation Service?	1	YES NO			
	If ti	he answer to que	estion 1 is "Yes", enter th	ne following:					
					2a	02-02-	2004		
	2b	Location of Soi	il Conservation Office		2b	_67 VER	NON WAY		
						PHOENI	X, AZ 850)32	
	3	Check a box be System Chang		e of change or system installed.					
		X Unlined fie	eld ditch to concrete lined	ditch					
		Unlined fie	eld ditch to underground p	pipeline					
		Unlined fie	eld ditch to gated pipes						
		Sloping un	leveled surface field to s	lope on precise grade					
		Sloping sur	rface irrigated field to lev	el basin					
		Sloping fiel	ld with surface irrigation	to sprinkler					
		Surface or	sprinkler to trickle (abov	e ground)					
		Surface or	sprinkler to subsurface t	rickle (below ground)					
		Increasing	the size of field ditch to	provide larger head					
		Unused rui	noff water to tailwater red	covery system					
		Other - Ple	ease describe:						
	_								
	_								
Part II	Ca	lculation of the	Current Taxable Year's	s Credit					
	4	Total amount of	expenses for current tax	able year				4	1,500 00
								5	200 00
	6	Net amount of q	qualifying expenses: Sub	tract line 5 from line 4 • • • •				6	1,300 00
	7	Current taxable	year's credit: Multiply lin	e 6 by 75% (.75)	• •			7	975 00

21

22

00

00

975

	AS SHOWN ON PAGE 1			ECURITY OR EMPLOYER IDENTIFICATION)N N
RAYMO	ND Getstoomuch		400-0	00-7506	
Complete li	Corporation Individual Sharmers 8 through 10 separately for the completed Form 312.	eholer's Share of Credit each individual shareholder. Fur	rnish each individual shareholde	er with	
8	Name of shareholder:	10 a saith Namh an			
9 10	Individual shareholder's Socia	of the amount on Part II, line 7 •		[10]	0
	individual orial o	or the difficulty of the first in the first			
Complete lii he complet 11 12	ted Form 312. Name of individual partner: Individual partner's Social Sec	or each individual partner. Furnisl			
13	Individual partner's share of th	e amount on Part II, line 7 • • •		13	0
	(a)	(b)	(c)	(d)	
	Taxable Year from which you are	Original	Amount	Available Carryover:	
	carrying the credit	Credit Amount	Previously Used	Subtract column (c) from column (b)	
14	2002	\$	\$	\$	
15	2003	\$	\$	\$	
16	2004	\$	\$	\$	
17	2005	\$	\$	\$	
18	2006	\$	\$	\$	
19	TOTAL AVAILABLE CARRYO	VER· · · · · · · · · · · · · · · · · · ·		- \$	
)4\ <i>P</i>					
Part VI C 20	•	e amount from Part II, line 7 • •		20 975	00
		an S corporation, enter the amount from			

21 Available credit carryover from Part V, line 19, column (d)

22 Total Available Credit: Individuals, add line 20 and line 21. Enter total here and also on

ARIZONA FORM 332

Credit for Healthy Forest Enterprises

2007

For the calendar year 2007 or		
fiscal year beginning	and ending	

All healthy forest credit forms must be attached	d to your return.
--	-------------------

ALL BUSINESSES MUST BE CERTIFIED BY THE DEPARTMENT OF COMMERCE AND SUBMIT A COPY	Y OF THE CERTIFICATION TO THE DEPARTMENT OF REVENUE FOR
Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X or 165 RAYMOND Getstoomuch	Social Security number or Employer identification number $400-00-7506$
Check one box to indicate the year this form represents for claiming the credit: First Year Second Year Third Year Fourth Year	Fifth Year Sixth Year or more
Part I Business Information 1 Name of Healthy Forest Enterprise 1. OF	RWELLIAN TERMINOLOGY
	2383483
Part II Average Number of Full-Time Employees	
3 Average number of full-time employees in the Healthy Forest Enterprise during the	e current taxable year 3 2.00
4 Average number of full-time employees in the Healthy Forest Enterprise during the	e immediately preceding taxable year 4 1.00
5 Net increase in average number of full-time employees - subtract line 4 from line 3	3 · · · · · · · · <u>5</u> <u>1</u>
Part III Net Increase in Qualified Employment Positions	
6 Total number of filled, qualified employment positions created in the current year. The business must create at least three new qualified employment positions in the first taxable year in	
7 Net increase in average number of full-time employees - enter the number from P	Part II, line 5
8 Net increase in qualified employment positions for this Healthy Forest Enterprise	- enter the lesser of line 6 or line 7 · · 8 1
Part IV Limitation on Number of Qualified Employment Positions	
9 Maximum number of filled, qualified employment positions on which a credit may	be calculated • • • • • • 9 200
Maximum number of new qualified employment positions on which you may claim enter the lesser of line 8 or line 9	
Part V Credit Calculation for Qualified Employment Positions	

		(a)	(b)	(c)	(d)
		Number of qualifying			
		employees	Qualifying wages	Percentage	Allowable credit
11	Qualified				
	new employees	1	1,600		400
			•	25%	
12	Previously qualified				
	employees in the second	1	1,500		500
	year of continuous employment		•	33 1/3%	
13	Previously qualified				
	employees in the third				
	year of continuous employment			50%	
14	Totals	2			900

D1 (8/27/7) __TIN: <u>400-00-7506</u>

Page 2 of 3

Part	VI Recapture of Credit ORWELLIAN TERMINOLOGY	
15	Taxable year in which the certification of the business as a Healthy Forest Enterprise was revoked or terminated	15
16	First taxable year in which the Credit for Healthy Forest Enterprises was allowed • • • • • • • • • • • • • • • • • • •	16
17	Number of years between when the credit was first allowed and when the certification was revoked or terminated	17
18	Enter percent based on the number of years entered on line 17 - see instructions • • • • • • • • • • • • • • • • • • •	18 %
19	Full amount of all credits previously allowed • • • • • • • • • • • • • • • • • • •	19 00
20	Total recapture of Credit for Healthy Forest Enterprises. Multiply line 19 by the percentage on line 18 • • • • • •	20 00
Part	VII S Corporation Credit Election and Shareholder's Share of Credit and Credit Recapture	
21	The S Corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX) to:	
	Claim the credit for healthy forest enterprises, as shown on Part V, line 14, column (d) (for the taxable year menti	ioned above);
	OR	
Г	Pass the credit for healthy forest enterprises, as shown on Part V, line 14, column (d) (for the taxable year shown	າ above) through
L	to its shareholders.	
Sign	ature Title Dat	e
	If passing the credit through to the sharedholders, complete lines 22 through 24 separately for each shareholder.	
	If passing credit recapture through to the shareholders, also complete line 25 separately for each shareholder.	
	Furnish each shareholder with a copy of the completed Form 332.	
	- Lander Cook Class Cook (100 Cook) Cook (100 Cook)	
22	Name of shareholder	
23	Shareholder's TIN	
24	Shareholder's share of the credit year's credit from Part V, line 14, column (d)	24 00
25	Shareholder's share of the credit recapture from Part VI, line 20 · · · · · · · · · · · · · · · · · ·	25 00
Part	VIII Partner's Share of Credit and Credit Recapture	
rait	viii Farther's Share of Credit and Credit Recapture	
	Complete lines 26 through 28 separately for each partner.	
	If passing credit recapture through to the partners, also complete line 29 separately for each partner.	
	Furnish each partner with a copy of the completed Form 332.	
26	Name of partner	

26	Name of partner				
	Partner's TIN	_			
28	Partner's share of the current year's credit from Part V, line 14, column (d) • • • • • • • • • • • • • • • • • • •	- .		 	28

. 29 00

00

TIN: 400-00-7506 Page 3 of 3

30	Enter the taxable year(s) in which you took a credit or credit carryover		
	for the disqualified Healthy Forest Enterprise		
31	Enter the total amount of credit originally allowable for the disqualified Healthy Forest Enterprise	31	00
32	Enter the total amount of the credit to be recaptured		
	 Individuals, corporations, and S corporations - enter the amount from Part VI, line 20. 		
	 S corporation shareholders - enter the amount from Part VII, line 25. 		
	Partners of a partnership - enter the amount from Part VIII, line 29 · · · · · · · · · · · · · · · · ·	32	00
33			
	the disqualified Healthy Forest Enterprise • • • • • • • • • • • • • • • • • • •	33	00
34	Amount of credit on line 31 that you have claimed on prior years' returns	34	00
35	Subtract line 34 from line 33 and enter the result		00

If the result is a positive number, that is the amount of credit carryover remaining that you may use in future taxable years. Enter this positive number in Part X, column d, on the line for the year in which the disqualified credit arose.

If the result is a negative number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part X, column d, on the line for the year in which the disqualified credit arose.

- Corporations, also enter this amount as a positive number on Form 300, Part II, line 21.
- Individuals, also enter this amount as a positive number on Form 301, Part II, line 29.

Part X Available Credit Carryover

	(a)	(b)	(c)	(d)
				Available credit carryover -
		Original credit	Amount	subtract column (c)
	Taxable year	amount	previously used	from column (b)
36				
37				
38				
39				
40				
41	Total available carryover			

Part XI Total Available Credit

42	Current year's credit. Individuals, corporations, or S corporations that are claiming the credit - enter amount			
	from Part V, line 14, column (d). S corporation shareholders - enter the amount from Part VII, line 24.			
	Partners of a partnership - enter amount from Part VIII, line 28 · · · · · · · · · · · · · · · · · ·	42	900	0
43	Available credit carryover from Part X, line 41, column (d)	43		0
44	Total available credit. Add line 42 and line 43. Corporations and S corporations - enter the result here and			
	on Form 300, Part I, line 12. Individuals - enter total here and on Form 301, Part I, line 18 • • • • • • • • • • • • • • • • • •	44	900	0

Name: RAYMOND Getstoomuch TIN: 400-00-7506

Name. RAYMOND Getstoomuc.

Form 332-1 (2007)

Qualified Employees of Healthy Forest Enterprise

Complete a Form 332-1 for each qualified employee of the Healthy Forest Enterprise. See instructions for Form 332-1 (included with Instructions for Form 332, page 3) about providing the requested information in an alternative format.

1	Employee name MARGARET THATCHER
2	Employee's taxpayer identification number (TIN) <u>189-81-1989</u>
3	Did employee reside in Arizona on date of hire?
4	Brief description of employee's job duties:
	CUTS DOWN TREES
5	Date of inititial employment 02-02-2005
6	If employee was previously employed by the business, list the last date of employment. (See instructions.)
7a	Is the employee in a permanent full time position?
7b	If the answer to line 7a is yes, list the number of hours the employee worked during the taxable year
7c	If the answer to line 7b is less than 1550 hours annually, explain:
8	Employee's annual compensation for the taxable year \$\frac{1,500}{}
9a	Total cost of health insurance provided by employer for employee. (See instructions.) \$
9b	Total cost of health insurance for employee paid by employer. (See instructions.) \$
10	Is this employee in a new qualified employment position? $\qquad \qquad \boxed{\mathbf{X}}$ No
11	Check only one box. first year employee

Name: RAYMOND Getstoomuch TIN: 400-00-7506

Form 332-1 (2007)

Qualified Employees of Healthy Forest Enterprise

Complete a Form 332-1 for each qualified employee of the Healthy Forest Enterprise. See instructions for Form 332-1 (included with Instructions for Form 332, page 3) about providing the requested information in an alternative format.

1	Employee name JOHN THATCHER
2	Employee's taxpayer identification number (TIN) <u>189-98-7441</u>
3	Did employee reside in Arizona on date of hire?
4	Brief description of employee's job duties:
	WATCHES THE WATCHERS
5	Date of inititial employment 02-02-2006
6	If employee was previously employed by the business, list the last date of employment. (See instructions.)
7a	Is the employee in a permanent full time position? $\overline{\mathbf{X}}$ Yes $\overline{}$ No
7b	If the answer to line 7a is yes, list the number of hours the employee worked during the taxable year
7c	If the answer to line 7b is less than 1550 hours annually, explain:
8	Employee's annual compensation for the taxable year \$ 1,600
9a	Total cost of health insurance provided by employer for employee. (See instructions.) \$
9b	Total cost of health insurance for employee paid by employer. (See instructions.) \$
10	Is this employee in a new qualified employment position?
11	Check only one box.

Qualifying Employees for Which You are Taking a Credit

D1 (8/27/7)

Name: RAYMOND Getstoomuch

TIN: 400-00-7506

If you have more than 10 qualified employees, complete additional schedules.

(a)	(b)		(c)		(d)		(e)	
			ear of Employee				num Allowable Wa	
			ropriate box. Thi				lumn (d) or the maximu	
		1st year employee	2nd year employee	3rd year employee	Total Wages Paid to the	year 1 \$2,000	year 2 \$3,000	year 3 \$3,000
Employee name	Social Security Number	(c)1	(c)2	(c)3	Employee during the Current Tax Year	\$2,000 (e)1	\$3,000 (e)2	\$3,000 (e)3
		(5)1	(-)-	(5)5		(5)	(5)=	(-/-
1								
MARGARET THATCHER	189-81-1989		Х		1,500		1,500	
2								
JOHN THATCHER	189-98-7441	х			1,600	1,600		
3								
4								
5								
6								
7								
8								
9								
10								
11 Total-Add lines 1 through 10. Enter the total here		1	1		3,100	1,600	1,500	

Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets

_	_	_	_
	^	\boldsymbol{n}	_
			•
_	.,	.,	•

00

For the calendar year 2007 or					
fiscal year beginning and ending					
Attach to your return					

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165 Social security number or employer identification number RAYMOND Getstoomuch 400-00-7506 The houses or dwelling units in which the qualifying installations are made by the builder/taxpayer must be located in Arizona. The credit is in lieu of a deduction for the expenses of installing the solar hot water heater plumbing stub outs and electric vehicle recharge outlets for which the credit is claimed. Part I Calculation of Current Taxable Year's Credit for Taxpayer that Built the House or Dwelling Unit 00 2 Total amount of credit transferred to purchasers or transferees - from attached Form(s) 319-2, column (c) Part II Current Taxable Year's Credit for Purchaser or Transferee of the House or Dwelling Unit 500 00 4 Total allowable credit - from attached copy of written statement provided by the builder of house or dwelling unit S Corporation Credit Elections and Shareholder's Share of Credit 5 The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX) Claim the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part I, line 3 (for the taxable year mentioned above); OR Pass the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part I, line 3 (for the taxable year mentioned above) through to its shareholders. Signature 6 The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX) Claim the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part II, line 4 (for the taxable year mentioned above); OR Pass the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part II, line 4 (for the taxable year mentioned above) through to its shareholders. Signature If passing the credit through to the shareholders, complete lines 7 through 10 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 319. 7 Name of shareholder 8 Shareholder's TIN 00

D-1 (08/07/07) Page 2 of 3

AZ Form 319 (2007) Name: RAYMOND Getstoomuch 400-00-7506

Partner's Share of Credit Part IV

Complete lines 11 through 14 separately for each partner. Furnish each partner with a copy of the completed Form 319.

11	Name of partner	r	
----	-----------------	---	--

12 Partner's TIN

00 14 00

Part V Available Credit Carryover for Taxpayer as Builder of House or Dwelling Unit

		(a)	(b)	(c)	(d)	(e)	(f)
15	Taxable year						
16	Original credit amount						
17	Amount previously used						
18	Tentative carryover - subtract line 17 from line 16						
19	Amount transferred - enter total amount from Form(s) 319-2, column (e)						
20	Available carryover - subtract line19 from line 18						
21	Total available carryover						

D-1 (08/27/07

32

725 00

AZ Form 319 (2007) Name: RAYMOND Getstoomuch TIN: 400-00-7506 Page 3 of 3

Part VI Available Credit Carryover for Taxpayer as Purchaser or Transferee of House or Dwelling Unit

	(a)	(b)	(c)	(d)
				Available carryover -
		Original credit	Amount	Subtract column (c)
	Taxable year	amount	previously used	from column (b)
22				
23				
24				
25				
26				
27	Total available carryover			

Part VII Total Available Credit 28 Current year's credit for taxpayer that built the house or dwelling unit. Individuals, corporations, or S corporations - enter the amount from Part I, line 3. S corporation shareholders - enter the amount 28 225 **00** from Part III, line 9. Partners of a partnership - enter the amount from Part IV, line 13 29 Current year's credit for purchaser or transferee of house or dwelling unit. Individuals, corporations, and S corporations - enter the amount from Part II, line 4. S corporation shareholders - enter the amount from Part III, line 10. Partners of a partnership - enter the amount from Part IV, line 14 29 500 00 30 Available credit carryover for taxpayer as builder of house or dwelling unit - enter amount from Part V, 00 30 31 Available credit carryover for taxpayer as purchaser or transferee of house or dwelling unit - enter amount 00 31 32 Total available credit - add lines 28, 29, 30, and 31. Enter the total here and on Form 300, Part I, line 8,

Form 319-1 (2007) Solar Hot Water Heater Plumbing Stub Out and Electric Vehicle Recharge Outlet Installations

D-1 (08/27/07)

TIN: 400-00-7506 Name: RAYMOND Getstoomuch If the taxpayer has made qualifying installations (b) (d) (e) (g) in more than 12 houses or dwelling units, Total Allowable Total Allowable Total Allowable complete additional Form(s) 319-1. Stub Out Cost -Allowable Cost -Allowable Cost -Recharge Outlet Cost -Credit for House or Number of lesser of multiply Number of lesser of multiply Dwelling Unit -Stub Outs actual installation actual installation column (b) Recharge column (e) add columns (d) House or Dwelling Unit Address Installed cost or \$75 by column (c) Outlets Installed cost or \$75 by column (f) and (g) ¹56 VIRGINIA AVENUE TUCSON, AZ 85702 75 75 75 150 225 2 3 4 5 6 7 8 9 10 11 12 13 Total - Add lines 1 through 12. Enter the total here. 75 75 75 150 225

	2007
Attach to your return. Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 185 Social securi RAYMOND Getstoomuch Cart I Schedule of Equipment and Calculation of Current Taxable Year's Credit If additional space is needed, attach a separate schedule. (a) (b) Date property placed in service 1 02-02-2005 SCRUBBERS FOR A FACTORY 2 3 4 4 5 5 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165 RAYMOND Getstoomuch Part I Schedule of Equipment and Calculation of Current Taxable Year's Credit If additional space is needed, attach a separate schedule. (a) (b) Date property placed in service 02-02-2005 SCRUBBERS FOR A FACTORY 2 3 4 5 6 6 7 8 9 9 10 11 Total - add lines 1 through 10 in column (c) 12 Total from continuation sheet if applicable 13 Total cost of agricultural pollution control equipment - add lines 11 and 12 14 Tentative credit for current taxable year - multiply line 13 by 25% (.25) 15 Maximum credit allowed 16 Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizal pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit 17 The S corporation has made an irrevocable election for the taxable year ending	·
Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165 RAYMOND Getstoomuch art I Schedule of Equipment and Calculation of Current Taxable Year's Credit If additional space is needed, attach a separate schedule. (a) Date property placed in service 02-02-2005 SCRUBBERS FOR A FACTORY 2 3 4 5 6 6 7 8 9 9 10 11 Total - add lines 1 through 10 in column (c) 12 Total from continuation sheet if applicable 13 Total cost of agricultural pollution control equipment - add lines 11 and 12 14 Tentative credit for current taxable year - multiply line 13 by 25% (.25) 15 Maximum credit allowed 16 Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizal pollution control equipment by the amount of the credit claimed. 17 The S corporation Credit Election and Shareholder's Share of Credit 17 The S corporation has made an irrevocable election for the taxable year ending	
RAYMOND Getstoomuch Additional space is needed, attach a separate schedule.	
(a) (b) Date property placed in service Description 1 02-02-2005 SCRUBBERS FOR A FACTORY 2 3 4 5 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ry number or employer identification number $0-7506$
Date property placed in service 02-02-2005 SCRUBBERS FOR A FACTORY 2 3 3 4 5 6 7 8 9 9 10 11 Total - add lines 1 through 10 in column (c) 12 Total from continuation sheet if applicable 13 Total cost of agricultural pollution control equipment - add lines 11 and 12 14 Tentative credit for current taxable year - multiply line 13 by 25% (.25) 15 Maximum credit allowed 16 Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizal pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit 17 The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	
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placed in service Description 1	Total cost of property
1 02-02-2005 SCRUBBERS FOR A FACTORY 2 3 4 5 6 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	used to reduce
2 3 4 5 6 6 7 7 8 8 9 9 10 10 11 Total - add lines 1 through 10 in column (c) 12 Total from continuation sheet if applicable 13 Total cost of agricultural pollution control equipment - add lines 11 and 12 14 Tentative credit for current taxable year - multiply line 13 by 25% (.25) 15 Maximum credit allowed 16 Credit for current taxable year - enter the lesser of line 14 or line 15 16 Credit for current taxable year - enter the lesser of line 14 or line 15 17 18 S Corporation Credit Election and Shareholder's Share of Credit 17 The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	agricultural pollution
3 4 5 6 7 8 9 9 100 111 Total - add lines 1 through 10 in column (c)	2,500 00
4 5 6 7 8 9 9 10 11 Total - add lines 1 through 10 in column (c)	00
11 Total - add lines 1 through 10 in column (c) 12 Total from continuation sheet if applicable 13 Total cost of agricultural pollution control equipment - add lines 11 and 12 14 Tentative credit for current taxable year - multiply line 13 by 25% (.25) 15 Maximum credit allowed 16 Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizat pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit 17 The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	00
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10 11 Total - add lines 1 through 10 in column (c)	00
10 11 Total - add lines 1 through 10 in column (c)	00
Total - add lines 1 through 10 in column (c) Total from continuation sheet if applicable Total from continuation sheet if applicable Total cost of agricultural pollution control equipment - add lines 11 and 12 Tentative credit for current taxable year - multiply line 13 by 25% (.25) Maximum credit allowed Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizal pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit The S corporation has made an irrevocable election for the taxable year ending	00
Total from continuation sheet if applicable Total cost of agricultural pollution control equipment - add lines 11 and 12 Tentative credit for current taxable year - multiply line 13 by 25% (.25) Maximum credit allowed Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizal pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit The S corporation has made an irrevocable election for the taxable year ending	00
Total from continuation sheet if applicable Total cost of agricultural pollution control equipment - add lines 11 and 12 Tentative credit for current taxable year - multiply line 13 by 25% (.25) Maximum credit allowed Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizal pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit The S corporation has made an irrevocable election for the taxable year ending	
14 Tentative credit for current taxable year - multiply line 13 by 25% (.25) 15 Maximum credit allowed 16 Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizat pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit 17 The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	12 00
Maximum credit allowed Credit for current taxable year - enter the lesser of line 14 or line 15 A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizal pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	13 2,500 00
A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizat pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	14 625 00
A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortizate pollution control equipment by the amount of the credit claimed. Part II S Corporation Credit Election and Shareholder's Share of Credit 17 The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	
Part II S Corporation Credit Election and Shareholder's Share of Credit The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	
Part II S Corporation Credit Election and Shareholder's Share of Credit The S corporation has made an irrevocable election for the taxable year ending to: (CHECK ONLY ONE BOX)	ion of costs of the agricultural
The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)	
(CHECK ONLY ONE BOX)	
Claim the agricultural pollution control equipment credit as shown on Part I, line 16 (for the taxable year mentioned above	
);
OR	
Pass the agricultural pollution control equipment credit as shown on Part I, line 16 (for the taxable year mentioned above)	through to its shareholders.
Signature Title	Date
f passing the credit through to the shareholders, complete lines 18 through 20 separately for each shareholder. Furnish each shareholde completed Form 325.	er with a copy of the

18	Name of shareholder	

19 Shareholder's TIN

32

Page 2 of 2

TIN: 400-00-7506

Part III Partner's Share of Credit Complete lines 21 through 23 separately for each partner. Furnish each partner with a copy of the completed Form 325. 21 Name of partner 22 Partner's TIN 00 Part IV Available Credit Carryover (a) (b) (c) (d) Available carryover -Original credit Amount Subtract column (c) amount from column (b) Taxable year previously used 24 25 26 27 28 Total available carryover 29 Part V **Total Available Credit** 30 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 16. S corporation shareholders - enter the amount from Part II, line 20. Partners of a partnership - enter amount from Part III, line 23 31 Available credit carryover - from Part IV, line 29, column (d) 31 00 Total available credit. Add line 30 and line 31. Corporations and S corporations - enter total here and on Form 300,

Part I, line 10. Individuals - enter total here and on Form 301, Part I, line 16

AZ Form 325 (2007)

Name: RAYMOND Getstoomuch

Arizona Department of Revenue E-file Signature Authorization

_	_	_	_
7	n	n	_
			•

AZ-887	′9 ⊑ -⊦	ille Signature Auti	norization	
YOUR FIRST NAME A	ND INITIAL	LAST NAME		YOUR SOCIAL SECURITY NO.
RAYMOND		Getstoo	omuch	400-00-7506
	SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	J	SPOUSE'S SOCIAL SECURITY NO.
DARTI DURBOG	<u></u>			
PART I PURPOS		otonoon of the townsyaria alastr	ania inaama tay raturn	
•	uthfulness, correctness, and comple			actronic aignature to the townsyor's
	• • •	, , ,		ectronic signature to the taxpayer's
	al income tax return as the taxpaye		II - FINANCIAL INSTITUTIO	
PARTI-TAX RET	ORN INFORMATION			
1	1 510 675 0	- I	e present when requesting d	·
1 Arizona Adjusted				ROUTING NUMBER
2 Balance Of Tax		╗ ╗		0 2 1 2 3 4 5 6 7
3 Arizona Income			NT NUMBER 3 1 2 3 1 2 3	
Check box 4 or box 5:	the amount of refund ••••••		<u>БЕВІТ REQUEST DATE</u>	DIRECT DEBIT PAYMENT AMOUNT
	The amount of retund	5 10,761 00 0 4		\$
			H D E D D D	fund amount will be deposited in the
	e Financial Institution Information S		a on your tax retain. Tour lei	and amount will be deposited in the
	Amount You Owe: You owe taxe	,	ovided on your tax return. You	u have elected to direct debit for
	nent will be withdrawn from the acc			
				nation occupin (i ait ii).
PART III DECLAI	RATION AND SIGNATURE AUTH	ORIZATION (Sign only after c	completing Part II)	
Under penalites of perju	ury, I declare that I have examined a paper	copy of my electronic Arizona individu	al income tax return and accompan	lying schedules and statements
	cember 31, 2007, and to the best of my kno			
,	total tax, Arizona income tax withheld, and		•	
Arizona income tax retu		,		1,5
	ent that my refund be directly deposited as	•	-	e tax return. If I have filed a
joint r	eturn, this is an irrevocable appointment of	the other spouse as an agent to receiv	ve the retu	
	ot want direct deposit of my refund or I am	not receiving a refund.		
entry the fir	orize the Arizona Department of Revenue (to the financial institution account indicated nancial institutions involved in the processing esolve issues related to the payment.	in the tax preparation software for pay	yment of my Arizona taxes owed on	n this return. I also authorize
the tax liability and all a	e due return, I understand that if the DOR d applicable interest and penalties. When ele- ortion of my state return will also be rejecte	ctronically filing my federal and state ta		
schedules and stateme OLSP and/or transmitte is rejected, the reason(s) for the delay,	nic Return Originator (ERO) or On-Line Seints to DOR, and I consent to my ERO or Oer an acknowledgement of receipt of transms) for the rejection. If the processing of my or when the refund was sent. If DOR contae my ERO to release copies of the requester	LSP sending such information to DOR nission and an indication of whether or return or refund is delayed, I authorize acts my ERO for a copy of my return, a	through a transmitter. I consent to not the transmission of my return is DOR to disclose to my ERO, OLSF	DOR sending my ER0, s accepted and, if the return P and/or transmitter the
I authorize <u>CHUCI</u>	K GRISE (ELECTRONIC RETURN ORIGINATO		on that I want my electronic signatur	re to my electronic federal individual
ERO makes the electio will have signed my Ari and complete. I further	rve as my signature to my electronic Arizor in that my electronic signature to my federa zona individual income tax return and decl understand that if my ERO fails to make th me tax return, I will need to execute Arizona	a individual income tax return for the y il individual income tax return will serve ared under penalites of perjury that to t e election of my electronic signature to	e as my signature to my Arizona ind the best of my knowledge and belie	lividual income tax return, I f the return is true, c
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YOUR PEN A	AND INK SIGNATURE		DATE	
ER CF				
YOUR PEN A SE SE SPOUSE'S P	SEN AND INIX OLONATURE			
N SPOUSE'S P	EN AND INK SIGNATURE	Ionartment of Bayerys The F	DATE	nent a minimum of facur ve and
Do <u>no</u>	ot mail this form to the Arizona D	epartificit of Revenue. The E	.NO must retain this docun	nem a minimum of four years.

ARIZONA SCHEDULE

Listing of Additional Dependents, Parents/Ancestors, Other Additions, and Other Subtractions

2007

1 Name(s) as shown on Forms 140, 140A, 140NR, or 140PY Social Security Number

RAYMOND	D Getstoomuch 400-00-7506			
Additional Deper	idents			
<u> </u>				No. of Months Lived
	FIRST AND LAST NAME	SSN	RELATIONSHIP	in Your Home in 2007
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				
Additional Qualif	ying Parent/Ancestors	•	•	
Parent/Ancestor 2				
Parent/Ancestor 3				
Parent/Ancestor 4				
Other Additions	Listing			
	Description			Amount
А	Pension Adjustments			
	Married Persons Filing Separate Retu	ırns		
	Partnership Income			
	Fiduciary Adjustment			
	Net Operating Losses			
	Items Previously Deducted for Arizon	a Purnoses		
	Claim of Right Adjustment for Amoun			600
	Claim of Right Adjustment for Amoun	· · · · · · · · · · · · · · · · · · ·	shle Years	175
 I.			ible Tears	173
	Solar Hot Water Heating Plumbing St		phicle Decharge Outlet Expenses	
			enicle Recharge Outlet Expenses	
	Wage Expense for Employers of TAN	r Recipients		_
	Motion Picture Production Expenses	o Claimad a Cradit Ea	r Investment In Qualified Small Business	
			r Investment In Qualified Small Business	<u>es</u>
	Depreciation or Amortization for a Wa		#III	
	Agricultural Water Conservation System	em Credit		
Р	Other Adjustments (see instructions)		Total Other Additions	775
04h -	and Linking		Total Other Additions	775
Other Subtraction				
	Description Description			Amount
	Previously Reported Gain on Decede	nt's installment Sale		
	Fiduciary Adjustment			
	Partnership Income			5,000
	Federally Taxable Arizona Municipal	Interest		
	Adoption Expenses			
	Qualified Wood Stove, Wood Fireplac			
	. Claim of Right Adjustment for Amoun		able Years	
Н	Certain Expenses Not Allowed for Fe	deral Purposes		
I.	Qualified State Tuition Program Distri	butions		
J.	Subtraction for World War II Victims			
K	Installment Sale Income From Anothe	er State Taxed by the C	Other State in a Prior Taxable Year	
L.	Agricultural Crops Given to Arizona C	harities		
M	Basis Adjustment for Property Sold or	Otherwise Disposed of	of During the Taxable Year	
N	Adjustment for IRC § 179 Expense N	lot Allowed		5,000
0	. Displaced Pupil Choice Grant Awards	3		
P	Other Adjustments (see instructions)	See Schedul	e 2	550
			Total Other Subtractions	



ARIZONA



SSN: 400-00-7507

Description: Resident, Married Filing Separately, over 65, I Dependent, Direct Debit

Arizona Information:

Forms used: Form 140, Schedule A, Schedule I, Forms 202, 301, 305, 310, 321, 322, and AZ-8453

Other:

Clean Election Deduction = 5 Routing Number: 022173454

AZ Estimated Tax Payments = 100 Savings Acct #: 311221698

Supports AND CARES FOR parent

Pima County pension exclusion = 2500

Wages of American Indians = 1500

Form 305 recapture = 400

Income Information:		Total
Wages from two W-2 Forms		115,000
Dividends (qualified)		1,450
Schedule C (net income)		3,500
Schedule D (Long-term capital gains)		515
Pension Income (from 1 1099-R)		15,000
Social Security 15,000	Taxable:	12,750
Schedule SE (self employment tax deduction)		248
Federal AGI		147,967

Deductions and Adjustments

Schedule A: Medical and Dental (before reduction)	800
State/Local Taxes (W2 + Estimated)	1,205
Real Estate Taxes	1,975
Personal Property Taxes	500
Home Mortgage Interest	9,300
Contributions	2,500
Tax Preparation Fees	100
Investment Expense	1,200

Resident Personal Income Tax Return D1 (8/23/7) FOR CALENDAR YEAR 2007 OR FISCAL YEAR BEGINNING AND FNDING YOUR FIRST NAME AND INITIAL LAST NAME YOUR SOCIAL SECURITY NO. (required THREE 400-00-7507 IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL SPOUSE'S SOCIAL SECURITY NO. (required) LAST NAME 1 400-00-7777 PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT NO DAYTIME PHONE (with area code) 89 X 2 TORCH ST 928-555-1020 CITY, TOWN OR POST OFFICE STATE **ZIP CODE** HOME PHONE (with area code) Check this box if: 3 94 82F Filing under extension FORT MOHAVE, 86426 Married filing joint return FOR DOR USE ONLY Head of household - name of qualifying child or dependent l a 6 X Married filing separate return. Enter spouse's Social Security Number above n u and full name here JULIA THREE g s Single Εt Age 65 or over (you and/or spouse) 88 Enter the Хi 9 0 0 number claimed. Do not put a check mark. Blind (you and/or spouse) e o 10 0 0 m n Dependents. From page 2, line A2 - do not include self or spouse. p s 81 80 Qualifying parents and ancestors of your parents. From page 2, line A5 THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN 12 147,967 12 Federal adjusted gross income 13 00 **13** Additions to income (from page 2, line B13) 147,967 **14** Add lines 12 and 13 • • • • • 00 101,208 15 Subtractions. No. from line C27a: 15 00 16 Arizona AGI. Line 14 minus line 15 • • • • • 16 46,759 00 17 X ITEMIZED 17 STANDARD · • 17 14,485 00 18 4,000 18 Personal exemptions 00 Attach W-2 28,274 19 00 19 AZ taxable inc. Line 16 minus lines 17 & 18 to 801 back 20 Compute tax. Use line 19 & proper tax table 20 00 21 Tax from recapture of credits 21 400 00 last 22 Subtotal of tax. Add lines 20 and 21 22 201 00 23-24 23 1 X YOURSELF 23 2 SPOUSE 24 00 return If item 196 25 25. Reduced tax. Subtract line 24 from line 22 00 izing, attach 26. Family income tax credit from p. 15 of instr 26 00 your fed-Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required 27 663 00 28 eral 322 310 |3|0|5 321 Credit type. Enter form number of each credit claimed: Sche 29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions 29 00 dule A and 533 Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the sum of lines 26, 27 and 29 is more than line 25; enter zero 30 00 Arizona Arizona income tax withheld during 2007° 31 00 Sche 32 100 00 dule A 32 Arizona estimated tax payments for 2007 if re-Amount paid with 2007 Arizona extension request (Form 204) 33 00 quired 34 34 Increased Excise Tax Credit from worksheet on page 17 of the instructions 00 35 35 00 100_{00} 36 36 ATTACH 433 00 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40 38 OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment 38 00 39 00 Balance of overpayment. Subtract line 39 from line 38 · · · · · · 40 PAYMENT 00 AID TO EDUCATION 41 (entire refund only) 00 00 41 - 50 Voluntary Gifts to: ARIZONA WILDLIFE . . 00 00 CHILD ABUSE PREVENTION CITIZENS CLEAN ELECTION 1933 00 NATIONAL GUARD. . RELIEF FUND 00 DOMESTIC VIOLENCE SHELTE 46 NEIGHBORS HELPING... 47 00 00 SPECIAL OLYMPICS. . 48 00 00 VETERANS' DONATIONS FUMD HERF 51 Check only one if making a political gift 1 Democratic 12 Libertarian 51 3 Republican 52 00 Check applicable boxes 1 Annualized/Other 2 Farmer or Fisherm 3 Form 221 attaches 4 MSA Penalty Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 52 • • 54 00

C Checking or S Savings

e-file Fast • Safe • Secure

55

56

00

433

REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on time 56 *

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

C Checking of

Payment enclosed. Check the box and attach payment. PLEASE DO NOT SEND CASH.

AMOUNT OWED: Add lines 37 and Make check payable to Arizona Department of Revenue; include SSN on payment.

	NAME AS SHOWN ON PAGE 1			R SOCIAL SECURITY NO.	D1 (8/23/7)
	ee 0	THREE Parents - do not list yourself or spou		0-00-7507	_
			Se		
	eting Part A, also complete Part C, lines C			NO. OF MONTHS	٦
A 1		ore space is needed, attach a separate sheet.	DEL ATIONOLUD	LIVED IN YOUR	
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	HOME IN 2007	-
					-
					-
••					1.0
A2	•	,	so complete Part C below	·················TOTAL	A2 0
A3	<u>Enter the names of the dependents</u>	s listed above who do not qualify as your dependent	ent on your federal return:		٦
	Enter describer l'étad als consults		- 1 1		ا
	b Enter dependents listed above who	were not claimed on your federal return due to e	education credits:		٦
	List musifician parents and acceptant of			list the course manage bear and also	
A4		your parents. If more space is needed, attach a sarent or ancestor of your parents, see page 6 of t	•	NO. OF MONTHS	on line A1.
		1	I	LIVED IN YOUR	
	FIRST AND LAST NAME	SOCIAL SECURITY NO. 400-55-7599 P.	RELATIONSHIP ARENT	HOME IN 2007	
	WENDY THREE				1 1
A5 PART	B: Additions to Income	4 here and on page 1 of this form, box 11		TOTAL	A5 1
					D0
B6	Non-Arizona municipal interest • •				B6 00
B7	•	System contributions not included on your federa	ıı return		B7 00
B8		stributions excluded on your federal return			B8 00
B9	Total federal depreciation • • • • •				B9 00
B10	Medical savings account (MSA) distributi	. •			B10 00
B11	• ,	able amount. See page 7 of the instructions			B11 00
B12	Other additions to income. See instruction	•			B12 00
B13	Total. Add lines B6 through B12. Enter	here and on page 1 of this form, line 13			B13 00
	C: Subtractions from Income			0.100	-
C14	Exemption: Age 65 or over. Multiply the		• • • • • • • • •	C14 2,100 00	
C15	Exemption: Blind. Multiply the number in		• • • • • • • • •	C15 00	7
C16	Exemption: Dependents. Multiply the nur		• • • • • • • • •	C16 00	<u> </u>
C17	· · · · · · · · · · · · · · · · · · ·	stors of your parents. Multiply the number in		10 000	
	50x 11, page 1, 5, \$10,000		• • • • • • • • •	C17 10,000 00	<u> </u>
C18	· · · · · · · · · · · · · · · · · · ·	n C17. If you have no other subtractions from			10 100
		enter the amount on line C18 on Form 140, Pag	ge 1, line 15		C18 12,100 00
C19	Interest on U.S. obligations such as U.S.	,			C19 00
C20		cal government pensions (up to \$2,500 per taxpa			c20 2,500 00
C21	, ,	is income on your federal return (up to \$5,000 on	**		C21 00 C22 12,750 00
C22	·	ent Act benefits included as income on your fede	erai return (the taxable amo	unt)	<u> </u>
C23	Recalculated Arizona depreciation •				C23 00
C24	Certain wages of American Indians •	- transfer all and			C24 1,500 00
C25	Income tax refund from other states. See				C25 00
C26	Deposits and employer contributions into	. •	207-		C26 00
C27	• • • • • • • • • • • • • • • • • • • •	ence. See page 11 of the instructions. Enter num		then amount	C27 00
C28	·	e as a member of the reserves, national guard of			C28 00
C29		tructions and attach your own sch	neaure ·r · · ·		C29 72,358 00
C30	· ·	er here and on page 1 of this form, line 15 ears if different from name(s) used ir			c30 101,208 oc
	. Last Name(s) Osed in Prior 10	ears if different from frame(s) used if	i current year		
D31					
	I have read this return and any attachme	ents with it. Under penalties of perjury, I declare to ther than taxpayer) is based on all information or	hat to the best of my knowle	edge and belief, they are true, corre	ect
P L	and complete. Declaration of preparer (o	ther than taxpayer) is based on all information of			
E I	VOLID CICNATURE		<u>10-09-200</u>		SPECIALIST
LE A SE	YOUR SIGNATURE		DATE	OCCUPATION	
S	OD OLIO SIGNATURE			000110510 000110471	<u></u>
Ğ	SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION	ON
Ň	DAID DDEDARESIS SISTEMATICAL		_ John Smit		
H	PAID PREPARER'S SIGNATURE		FIRM'S NAME (PREP	ARER'S IF SELF-EMPLOYED)	
E R E		<u>0-09-2007</u>			
	PAID PREPARER'S TIN DA	ATE PAID PREPARER'S A	DURESS		

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ 85038-9204. If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

Itemized Deduction Adjustments

D1 - 8/21/07

2007

14,485 00

For Full-Year Residents Filing Form 140

	Attach to your return			
OUR N	IAME AS SHOWN ON FORM 140	YOUR S	OCIAL SI	ECURITY NUMBER
\mathbf{T}_{1}	ree O THREE	400	-00-	-7507
POUS	E'S NAME AS SHOWN ON FORM 140 (if a joint return)	SPOUS	E'S SOCI/	AL SECURITY NUMBER
		<u> </u>	-00-7777	
hown	nize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the a on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown or ule A. See instructions for details.		deral	
djust	ment to Medical and Dental Expenses			
1	·	00 00	J	
2	Amount of medical savings account (MSA) distributions used to pay qualified		1	
	medical expenses included on line 1	00	,	
3	Medical expenses allowed to be taken as a federal itemized deduction	00	1	
4	Add line 2 and line 3, and enter the result	00	J.	
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6		5	800 00
6	If line 4 is more than line 1, subtract line 1 from line 4 · · · · · · · · · · · · · · · · · ·		6	00
djust	ment to Interest Deduction			·
7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396),			
	enter the amount of mortgage interest you paid for 2007 that is equal to the amount of your 2007			
	federal credit · · · · · · · · · · · · · · · · · · ·	<u></u>	7	00
djust	ment to Gambling Losses		_	
8	Wagering losses allowed as a federal itemized deduction •••••••• 8	00	,	
9	Total gambling winnings included in your federal adjusted gross income • • • • • • • • 9	00		
10	Authorized Arizona lottery subtraction from Form 140, page 2, line C21 · · · · · · · · 10	00	-	
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9 • • • • • • • • • • • • • • • • • •	00	,	
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero" • • • • • • • • • • • • • • • • • • •	<u> </u>	12	0 00
djust	ment to Property Taxes			
13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the		<u> </u>	
	amount of property taxes allowed as a federal itemized deduction for which a credit is claimed •••••••	• • • •	13	00
-	ment to Charitable Contributions			
	Amount of charitable contributions for which you are taking a credit under Arizona law		14	400 00
	Adjustments		<u></u>	
	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax		15	00
•	red Itemized Deductions		-	
	Add the amounts on lines 5 and 7	00 00		
17		00 00		
18	Total federal itemized deductions allowed to be taken on federal return			
19		00 00	4	
20 21	1170	00 00		

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

22 Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074 2007

Attachment

Department of the Internal Revenue	e Treas Servic	e (99) Attach to Form 1040. See Instructions for Schedules A & B (Form 1040).		Sequence No. 07
Name(s) shown o			Yours	social security number
Tree O	THR	EE	400	-00-7507
Medical		Caution. Do not include expenses reimbursed or paid by others.		
and	1	Medical and dental expenses (see page A-1) 1 800		
Dental	2	Enter amount from Form 1040, line 38 2 147, 967		
Expenses	3	Multiply line 2 by 7.5% (.075)		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You	5	State and local (check only one box):		
Paid		a Income taxes, or		
(See		b X General sales Taxes		
page A-2.)	6	Real estate taxes (see page A-5) 6 1,975		
	7	Personal property taxes		
	8	Other taxes. List type and amount		
		8		
	9	Add lines 5 through 8 · · · · · · · · · · · · · · · · · ·	9	3,680
Interest	10	Home mortgage interest and points reported to you on Form 1098 - 10 9,300		
You Paic	11	Home mortgage interest not reported to you on Form 1098. If paid		
(\$00		to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address		
(See page A-5.)				
Note.				
Personal		11		
interest is	12	Points not reported to you on Form 1098. See page A-6		
not deductible.		for special rules		
	13	Qualified mortgage insurance premiums (See page A-7) • • • • • 13		
	14	Investment interest. Attach Form 4952 if required. (See		
		page A-7.) • • • • • • • • • • • • • • • • • • •		
	15	Add lines 10 through 14 · · · · · · · · · · · · · · · · · ·	15	9,300
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or		
Charity		more, see page A-8		
If you made a	17	Other than by cash or check. If any gift of \$250 or more,		
gift and got a		see page A-8. You must attach Form 8283 if over \$500 · · · · · 17		
benefit for it,	18	Carryover from prior year · · · · · · · · · · · · · · · · · · ·		
see page A-7.	19	Add lines 16 through 18 · · · · · · · · · · · · · · · · · ·	19	2 , 500
Casualty and				
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-9.)	20	
Job Expenses	s 21	Unreimbursed employee expenses - job travel, union		
and Certain		dues, job education, etc. Attach Form 2106 or 2106-EZ		
Miscellaneou Deductions	S	if required. (See page A-9.)		
Deductions				
(See page A-9.)				
page A-9.)	22	Tax preparation fees 22 100		
	23	Other expenses - investment, safe deposit box, etc. List		
		type and amount		
		<u>INVESTMENT EXPENSE</u> 1,200 23 1,200		
		Add lines 21 through 23		
	25	Enter amount from Form 1040, line 38 25 147, 967		
	26	Multiply line 25 by 2% (.02)		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0
Other	28	Other - from list on page A-9. List type and amount		
Miscellaneou Deductions	S		20	
	20	In Form 4040 line 20 area 6450 400 (area 670 200 if area in 151 area and 1410	28	000 3
Total	29	Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		SEE A_WKS
Itemized Deductions		No. Your deduction is not limited. Add the amounts in the far right column	20	14 005
Daductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	14,085
	30	Yes. Your deduction may be limited. See page A-10 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here		

D1	- 08/23/07	
		2007

	For the calendar year 2007, or	
fiscal year beginning	and ending	·

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X	YOUR SOCIAL SECURITY NUMBER
Tree O THREE	400-00-7507
SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X	SPOUSE'S SOCIAL SECURITY NUMBER
	400-00-7777

Part I

	nrefundable Individual Tax Credits er total available tax credits.				
1	Defense Contracting Credit from Form 302 · · · · · · · · · · · · · · · · · · ·	1		00	
2	Enterprise Zone Credit from Form 304 · · · · · · · · · · · · · · · · · · ·	2		00	
3	Environmental Technology Facility Credit from Form 305 · · · · · · · · · ·	3	25	00	
4	Military Reuse Zone Credit from Form 306 · · · · · · · · · · · · · · · · · · ·	4		00	
5	Recycling Equipment Credit from Form 307 · · · · · · · · · · · · · · · · · · ·	5		00	
6	Credit for Increased Research Activities from Form 308-I · · · · · · · · · ·	6		00	
7a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R	7a		00	
7b	Nonresident Credit for Taxes Paid to Another State or Country from				
	Form 309-NR	7b		00	
7с	Part-Year Resident Credit for Taxes Paid to Another State or Country from				
	Form 309-PY	7с		00	
7d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also				
	Considered to Be a Statutory Resident of Another State from Form 309-D • •	7d		00	
8	Credit for Solar Energy Devices from Form 310 • • • • • • • • • • • • • • • • • • •	8	100	00	
9	Agricultural Water Conservation System Credit from Form 312 • • • • • • •	9		00	
10	Pollution Control Credit from Form 315 • • • • • • • • • • • • • • • • • • •	10		00	
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle				
	Recharge Outlets from Form 319 · · · · · · · · · · · · · · · · · · ·	11		00	
12	Credit for Employment of TANF Recipients from Form 320 · · · · · · · · ·	12		00	
13	Credit for Contributions to Charities that Provide Assistance to the Working				
	Poor from Form 321 · · · · · · · · · · · · · · · · · · ·	13	250	00	
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 •	14	288	00	
15	Credit for Contributions to School Tuition Organizations from Form 323 • • • •	15		00	
16	Agricultural Pollution Control Equipment Credit from Form 325 • • • • • • • • •	16		00	
17	Credit for Donation of School Site from Form 331 · · · · · · · · · · · · · · · · · ·	17		00	
18	Credit for Healthy Forest Enterprises from Form 332 · · · · · · · · · · · · · · · · · ·	18		00	
19	Credit for Employing National Guard Members from Form 333 • • • • • • • • •	19		00	
20	Credit for Motion Picture Production Costs from Form 334 · · · · · · · · · · · · · · · · · ·	20		00	
21	Credit for Solar Energy Devices Commercial and Industrial Applications from				
	Form 336 • • • • • • • • • • • • • • • • • •	21		00	
22	Credit for Investment in Qualified Small Businesses from Form 338 • • • • • •	22		00	
23	Credit for Water Conservation Systems from Form 339 · · · · · · · · · · · · · · · · · ·	23		00	
24	Total Available Tax Credits: Add lines 1 through 23 · · · · · · · · · · · · · · · · · ·	• • •	• • • • • • • • • • • • • • • • • • • •	• •	24 663 00

Continued on page 2 >

YOUR NAME AS SHOWN ON PAGE 1	YOUR SOCIAL SECURITY NO.	D1 - 08/23/07
Tree O THREE	400-00-7507	

Part II Application of Tax Credits

Ente	er tax, recapture tax, and tax credits claimed this taxable year.		
25	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26 • • • • • •	25	801 00
26	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27;		
	or Form 140NR, line 27; or Form 140X, line 29 • • • • • • • • • • • • • • • • • •	26	5 00
27	Subtract line 26 from line 25 · · · · · · · · · · · · · · · · · ·	27	796 ⁰⁰
28	Tax from recapture of Environmental Technology Facility Credit from		
	Form 305, Part V, line 23		
29	,		
	Form 332, Part IX, line 35		
30	Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 21; or		
	Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	30	400 00
31	Subtotal: Add lines 27 and 30 · · · · · · · · · · · · · · · · · ·	31	1,196 ⁰⁰
32	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31 • • • • • • •	32	00

Nonrefundable Tax Credits Claimed

Ente	er amount of credits actually claimed from Part I.			
34	Defense Contracting Credit from Form 302	34		00
35	Enterprise Zone Credit from Form 304	35		00
36	Environmental Technology Facility Credit from Form 305 (not to exceed 75%			
	of line 31) • • • • • • • • • • • • • • • • • • •	36	25	00
37	Military Reuse Zone Credit from Form 306	37		00
38	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25%			
	of line 31 or \$5,000) • • • • • • • • • • • • • • • • • •	38		00
39	Credit for Increased Research Activities from Form 308-I	39		00
40a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R	40a		00
40b	Nonresident Credit for Taxes Paid to Another State or Country from			П
	Form 309-NR	40b		00
40c	Part-Year Resident Credit for Taxes Paid to Another State or Country from			
	Form 309-PY	40c		00
40d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also			
	Considered to Be a Statutory Resident of Another State from Form 309-D • • •	40d		00
41	Credit for Solar Energy Devices from Form 310	41	100	00
42	Agricultural Water Conservation System Credit from Form 312	42		00
43	Pollution Control Credit from Form 315 · · · · · · · · · · · · · · · · · · ·	43		00
44	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle			
	Recharge Outlets from Form 319	44		00
45	Credit for Employment of TANF Recipients from Form 320	45		00
46	Credit for Contributions to Charities that Provide Assistance to the Working			
	Poor from Form 321 · · · · · · · · · · · · · · · · · · ·	46	250	00
47	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 • •	47	288	-
48	Credit for Contributions to School Tuition Organizations from Form 323 • • • •	48		00
49	Agricultural Pollution Control Equipment Credit from Form 325	49		00
50	Credit for Donation of School Site from Form 331 · · · · · · · · · · · · · · · · · ·	50		00
51	Credit for Healthy Forest Enterprises from Form 332	51		00
52	Credit for Employing National Guard Members from Form 333 • • • • • • • •	52		00
53	Credit for Motion Picture Production Costs from Form 334 · · · · · · · · · · ·	53		00
54	Credit for Solar Energy Devices Commercial and Industrial Applications from			П
	Form 336 • • • • • • • • • • • • • • • • • •	54		00
55	Credit for Investment in Qualified Small Businesses from Form 338	55		00
56	Credit for Water Conservation Systems from Form 339	56		00
57	Total Tax Credits Claimed: Add lines 34 through 56. Total cannot be more than line	e 33.	Enter this	ᅱ
	amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or			
				H

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

Environmental Technology Facility Credit

_	^	^	
-,			
_	.,	.,	

1,000

40.00

400 00

7

ARIZ	ONA FORM				20	<i>JU 1</i>
305		fiscal year beginning	For the calendar year 2007			
		ilscal year beginning	and er	nding	<u> </u>	
			Attach to your return			
Nam	ne(s) as shown on Form 1	40, 140PY, 140NR, 140X, 120	, 120A, 120S, 120X, or 165	Social security number or	employer ID number	
Tre	ee O THREE			400-00-7507		
	Arizona Department of Co	mmerce certification number: 0	2022006			
Part I	Schedule of Cost of	Equipment or Property Used	I in Construction of Facility for	Current Year		
	and Calculation of C	Current Year's Credit		Г	41	
1 [Date of facility's initial cor	nstruction • • • • • • • •			1 06-15-2000)
Γ		(a)	Description		(b) Cost	
İ	Replacement	of certain equi	· · · · · · · · · · · · · · · · · · ·		250	00
[00
[00
ļ						00
ļ						00
ŀ						00
ŀ						00
ŀ						00
ŀ						00
Ì						00
2	Total • • • • • • • •				2 250	00
				_	_	
3 (Current year's credit - mu	Itiply line 2, column (b), by 10 p	percent (.10)		3 25	00
Part II	Recapture of Enviro	nmental Technology Facility	Credit			
	·			г	4	
4 5			anufacturing, producing or proces		<u>4</u> 10-14-20	007
J	Date facility ceased to t	operate as an environmental in	and actumy, producing or proces	Saling racility	<u> </u>	

Enter percent based on the year facility ceased to operate as an environmental manufacturing, producing or

400-00-7507

Page 2 of 3

Part III S Corporation Credit Election and Shareholder's Share of Credit and Credit Recapture 9 The S corporation has made an irrevocable election for the taxable year ending to: (CHECK ONLY ONE BOX) Claim the environmental technology facility credit, as shown on Part I, line 3, column (b) (for the taxable year shown above); OR Pass the environmental technology facility credit, as shown on Part I, line 3, column (b) (for the taxable year mentioned above) through to its shareholders. Signature Title Date If passing the credit through to the shareholders, complete lines 10 through 12 separately for each shareholder. If passing a credit recapture through to the shareholders, also complete line 13 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 305. **10** Name of shareholder Shareholder's TIN 11 00 12 Shareholder's share of the current year's credit from Part I, line 3, column (b) 00 Part IV Partner's Share of Credit and Credit Recapture Complete lines 14 through 16 separately for each partner. If passing credit recapture through to the partners, also complete line 17 separately for each partner. Furnish each partner with a copy of the completed Form 305. 14 Name of partner 15 Partner's TIN 00 00 Part V **Credit Recapture Summary** 18 Enter the taxable year(s) in which you took a credit or credit carryover for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility 19 Enter the total amount of credit originally claimed for the facility 000 00 20 Enter the total amount of the credit to be recaptured Individuals, corporations, and S corporations - enter the amount from Part II, line 8. • S corporation shareholders - enter the amount from Part III, line 13. Partners of a partnership - enter the amount from Part IV, line 17 400 00 21 Subtract line 20 from line 19 and enter the result. This is the amount of credit allowable for the 21 facility that has ceased to operate as an environmental manufacturing, producing, or processing facility 22 Amount of credit on line 19 that you have claimed on prior years' returns 22 00 23 Subtract line 22 from line 21 and enter the result If the result is a positive number, that is the amount of credit carryover remaining that you may use in future taxable years. Enter this positive number in Part VI, column d, on the line for the year in which the disqualified credit arose. If the result is a negative number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part VI, column d, on the line for the year in which the disqualified credit arose. Corporations, also enter this amount as a positive number on Form 300, Part II, line 20. • Individuals, also enter this amount as a positive number on Form 301, Part II, line 28.

AZ Form 305 (2007)

Name: Tree O THREE

AZ Form 305 (2007) Name: <u>Tree O THREE</u> TIN: <u>400-00-7507</u> Page 3 of 3

	(a)	(b)	(c)	(d)
				Available carryover -
		Original credit	Amount	subtract column
	Taxable year	amount	previously used	(c) from column (b)
24	2004	1 000	1 000	
	2004	1,000	1,000	
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
	Total available			
39	carryover			

Part VII	Total	Available	a Cradit

40	Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 3, column (b).		
	S corporation shareholders - enter amount from Part III, line 12.		
	Partners of a partnership - enter amount from Part IV, line 16 · · · · · · · · · · · · · · · · · ·		00
41	$ \text{Available credit carryover - from Part VI, line 39, column (d)} \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet $	41	00
42	Total available credit. Add line 40 and line 41. Corporations and S corporations - enter total here and on Form 300,		

12	Total available credit. Add line 40 and line 41. Corporations and S corporations - enter total here and on Form 300,		
	Part I, line 3. Individuals - enter total here and on Form 301, Part I, line 3	42	

Credit for Solar Energy Devices

2007

310

	For the calendar year 2007, or	
fiscal year beginning	and ending	·

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140PY OR 140X	YOUR SOCIAL SECURITY NO.
Tree O THREE	400-00-7507
SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY OR 140X	SPOUSE'S SOCIAL SECURITY NO.
	400-00-7777

Part I Current Year's Credit

NOTE: The cumulative credit for all solar energy devices installed at the same residences cannot exceed \$1,000.

1 Address of residence where you installed the solar energy device for which you are claiming the credit: 54 PALMER ROAD PHOENIX, AZ 85041

Enter the smaller of line 3 or \$1,000
Enter the amount of credit from prior taxable years (1995 through 2006) for other solar energy devices installed at the residence listed on line 1
Add line 4 and line 5

2	1,200	00
3	300	00
4	300	00
5	1,000	00
6	1,300	00

7 1,000 00 8 00 9 00

Part II Carryover from Prior Taxable Years

	(a)	(b)	(c)		(d)
	Taxable Year from which you are carrying the credit	Enter the Original Credit Amount (See note below line 15.)	Amount Previously Used		Available Carryover: Subtract column (c) from column (b).
10	2002	\$ 800	\$ 8	00	\$
11	2003	\$ 200	\$ 1	00	\$ 100
12	2004	\$	\$		\$
13	2005	\$	\$		\$
14	2006	\$	\$		\$
15	TOTAL AVAILABLE	CARRYOVER			\$ 100

NOTE: For amounts entered in column (b), do not enter the cost of the device, **enter the original credit amount.** This amount cannot exceed \$1,000.

Part III Calculation of Available Credit for the Current Year

10		UU
17	100	00
18	100	00

Credit for Contributions to Charities That Provide Assistance to the Working Poor

				For the calendar year	2007, or		7
		fiscal year	r beginning	ar	nd ending	·	
				Attach to your ret	urn		
		SHOWN ON FORM 140, 140	NR, 140PY OR 140X			YOUR SOCIAL SEC	
		FAREE E AS SHOWN ON FORM 140,	140NP 140PV OP 140Y			400-00-7 SPOUSE'S SOCIAL	
31 003L	O INAIVIL	. AS SHOWN ON FORM 140,	140INIX, 140I T OIX 140X			400-00-7	
Part I		rrent Year's Credi					
	Та	Name of qualifying characters of the contract		cash contributions:			
		Amount of cash contrib		med on line 1a • •	1a	100 00	
			· ·				
	1b	Name of qualifying char	rity to which you made	cash contributions:			
		Amount of cash contrib	utod to arganization no	mad on line 1h		00	
		Amount of Cash Contino	uted to organization na	ined off line 1b ••	[15]	[00]	
NOTE: If y	ou ma	de cash contributions to	more than two qualifyi	ng charities, attach a s	eparate schedule.		
		Total: Add lines 1a and	•	·		· · · · · <u>1c</u>	100 00
	2	Potential credit: Single Married taxpayers, ente			sser of line 10 of \$200.	2	100 00
	3	Total contributions allow			3	2,500 00	100 00
	4	Baseline year: 200					
	5	Total contributions dedu					
	6	return for the baseline y Subtract line 5 from line				00	2,500 00
		Current year's credit: E	=				2,300 00
						7	50 00
	_						
Part II	Ava	ai <mark>lable Credit Carı</mark>	ryover (b)	(c)	(d)		
		Taxable Year from which you are	Original	Amount	Available Carryo	vor:	
		carrying the credit	Credit Amount	Previously Used	Subtract column (c) from	column (b).	
	_						
	8	2002	\$	\$	\$		
	9	2003	\$	\$	\$		
	10	2004	\$	\$	\$		
	11	2005	\$	\$	\$		
	•••	2005	Ψ	Ψ	Ψ		
	12	2006	\$ 550	\$ 350	\$ 200		
7a=4 III	13 T-4	TOTAL AVAILABLE C			\$ 200		
Part III		tal Available Cred Current year's credit: Er		art I, line 7		14	50 00
		Enter the amount of avai			d)	15	200 00
	46	Total Available Credit: A	\				1

Credit for Contributions Made or Fees Paid to Public Schools

2	n	Λ	7
_	u	u	•

322

	For the calendar year 2007, or	
fiscal year beginning _	and ending	

Attach to your return

YOUR NAME AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO.
Tree O THREE	400-00-7507
SPOUSE'S NAME AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	SPOUSE'S SOCIAL SECURITY NO.
	400-00-7777

Current Year's Credit
1a Contributions Made or Qualifying Fees Paid to:

School district in which school is located: SCHOOL DISTRICT 1 Name of public school located in Arizona: PUBLIC SCHOOL ONE

Address of school: 56 NEW MEXICO WAY

PHOENIX, AZ 85064

100 00 Amount of contributions made or fees paid to school named on line 1a

1b Contributions Made or Qualifying Fees Paid to:

School district in which school is located: School District 2 Name of public school located in Arizona: Public School Two

> Address of school: <u>99 Las Vegas Highway</u>

Phoenix, AZ 85061

Amount of contributions made or fees paid to school named on line 1b 25 00

If you made contributions or paid qualifying fees to more than 2 schools, attach a separate schedule.

1c	Total contributions made and fees paid to public schools in Arizona during 2007	1c	125 00
2	Single taxpayers or heads of household, enter \$200 here. Married taxpayers enter \$400 here.	2	400 00
3	Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return,		
	enter one-half of the smaller of line 1c or line 2	3	63 00

Available Credit Carryover

	(a)	(b)		(c)	(d)
	Taxable Year from which you are carrying the credit	Original Credit Ar	nount Amount	Previously Used		e Carryover:
	carrying the credit	Original Credit Ar	Hount Amount	Freviously Oseu	Subtract col. (c) from col. (b).
4	2002	\$ 250) \$	25	\$	225
5	2003	\$	\$		\$	
6	2004	\$	\$		\$	
7	2005	\$	\$		\$	
8	2006	\$	\$		\$	
9	TOTAL AVAILABLE CARRYO	VER			¢	225

Total Available Credit

10 Current year's credit: Enter the amount from line 3 · · · · · · · · · · · · · · · · · ·	10	63	00
11 Available credit carryover from line 9, column (d)	11	225	00
12 Total available credit. Add line 10 and line 11. Enter the total here and see the instructions	12	288	00

Personal Exemption Allocation Election

	_		•
2	0	0	7

For calendar year 2007, or fiscal year beginning	and ending	
Tor calendar year 2007, or ilscar year beginning	and ending	·

- The spouse claiming more than one-half (1/2) of the total personal exemption must attach the **original** election to his or her Arizona income tax return.
- The spouse claiming less than one-half (1/2) of the total personal exemption must attach a **copy** of the election to his or her Arizona income tax return.

NAME OF SPOUSE CLAIMING MORE THAN ONE-HALF (1/2) OF THE TOTAL EXEMPTION	SOCIAL SECURITY NUMBER
Tree O THREE	400-00-7507
NAME OF SPOUSE CLAIMING LESS THAN ONE-HALF (1/2) OF THE TOTAL EXEMPTION	SOCIAL SECURITY NUMBER
JULIA THREE	400-00-7777

We, the undersigned, agree to divide the personal exemption as shown below. (Both spouses must sign and date this form on page 2.)

Who must file Form 202

The following taxpayers must complete Form 202:

- 1. Married taxpayers filing separate returns, claiming no dependents, with one spouse claiming a personal exemption of more than \$2,100 of the \$4,200 exemption. Complete Part I or Part II.
- 2. Married taxpayers filing separate returns, claiming at least one dependent, with one spouse claiming a personal exemption of more than \$3,150 of the \$6,300 exemption. Complete Part III or Part IV.
- 3. A married person who qualifies to file as head of household, with one spouse claiming a personal exemption of more than \$3,150 of the \$6,300 exemption. Complete Part III or Part IV.

Once you make this election for a tax year, you cannot change the agreed upon amounts for that year without making another election. You must complete a new Form 202 and file an amended Arizona income tax return (Form 140X) to change an election.

X Original Election

Amended Election

If one spouse is a full-year resident and the other spouse is a part-year resident or nonresident, the full-year resident should complete the appropriate column in Part I or Part III, and the part-year resident or nonresident should complete the appropriate column in Part II or Part IV.

Pa	rt I For Full-Year Residents Only (Form 140 or 140A) Claiming No Dependents	SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
1	Total personal exemption allowed married taxpayers claiming no dependents · · · · · 1	\$ 4,200.00	\$ 4,200.00
2	Amount of personal exemption each spouse is claiming on his or her separate		
	Arizona return. Enter the result here. Also enter the result on Form 140, page 1,		
	line 18, or Form 140A, page 1, line 20. If one spouse is a nonresident or part-year		
	resident, that spouse should complete Part II below2	\$.00	\$.00

Part II For Part-Year Residents (Form 140PY) or Nonresidents (Form 140NR) Claiming No Dependents

	, , , , , , , , , , , , , , , , , , , ,				
1	Total personal exemption allowed (prior to prorating) married taxpayers claiming no		SPOUSE CLAIMING MORE THAN 1/2		SPOUSE CLAIMING LESS THAN 1/2
	dependents · · · · · · · · · · · · · · · · · · ·	1	\$ 4,200.00	\$	4,200.00
2	Amount of personal exemption each spouse is claiming (prior to prorating) on his or her separate Arizona return. If you are a part-year resident who is an active duty military member who either began or gave up Arizona residency during 2007, skip lines 3 and 4, and enter this amount on Form 140PY, page 1, line 21. If you are a nonresident who is an active military member, skip lines 3 and 4, and enter this				
	amount on Form 140NR, page 1, line 21. All other taxpayers complete lines 3 and 4 • •	2	\$.00	\$.00
3	If you are a part-year resident, enter your Arizona percentage from Form 140PY, page 2, line B20. If you are a nonresident, enter your Arizona percentage from				
	Form 140NR, page 2, line B16 · · · · · · · · · · · · · · · · · · ·	3	%		%
4	Multiply line 2 by the percentage on line 3. If you are a part-year resident, enter the result here and on Form 140PY, page 1, line 21. If you are a nonresident, enter the		ф 00	•	00
	result here and on Form 140NR, page 1, line 21	4	\$.00	ש ו	.00 l

NAME OF SPOUSE CLAIMINING MORE THAN 1/2 THE TOTAL EXEMPTION AS SHOWN ON PAGE 1	SOCIAL SECURITY NO.
Tree O THREE	400-00-7507
NAME OF SPOUSE CLAIMING LESS THAN 1/2 THE TOTAL EXEMPTION AS SHOWN ON PAGE 1	SOCIAL SECURITY NO.
JULIA THREE	400-00-7777

Part III For Full-Year Residents Only (Form 140 or 140A) **Claiming at Least One Dependent** SPOUSE CLAIMING MORE THAN 1/2 SPOUSE CLAIMING LESS THAN 1/2 Total personal exemption allowed married taxpayers claiming at least one dependent 6,300.00 \$ 6,300.00 Amount of personal exemption each spouse is claiming on his or her separate Arizona return. Enter the result here. Also enter the result on Form 140, page1, line 18, or Form 140A, page 1, line 20. If one spouse is a nonresident or 4,000.00 \$ part-year resident, that spouse should complete Part IV below 2 | \$ 2,300.00

Part IV For Part-Year Residents (Form 140PY) or Nonresidents (Form 140NR) Claiming at Least One Dependent

1	Total personal exemption allowed (prior to prorating) married taxpayers claiming at	SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
	least one dependent · · · · · · · · · · · · · · · · · · ·	\$ 6,300.00	\$ 6,300.00
2	Amount of personal exemption each spouse is claiming (prior to prorating) on his or		
	her separate Arizona return. If you are a part-year resident who is an active duty		
	military member who either began or gave up Arizona residency during 2007,		
	skip lines 3 and 4, and enter this amount on Form 140PY, page 1, line 21. If you are		
	a nonresident who is an active military member, skip lines 3 and 4, and enter this		
	amount on Form 140NR, page 1, line 21. All other taxpayers complete lines 3 and 4 • • 2	\$.00	\$.00
3	If you are a part-year resident, enter your Arizona percentage from Form 140PY,		
	page 2, line B20. If you are a nonresident, enter your Arizona percentage from		
	Form 140NR, page 2, line B16 • • • • • • • • • • • • • • • • • • •	%	%
4	Multiply line 2 by the percentage on line 3. If you are a part-year resident, enter the		
	result here and on Form 140PY, page 1, line 21. If you are a nonresident, enter the		
	result here and on Form 140NR, page 1, line 21	\$.00	\$.00

Both spouses must sign:	
Signature of spouse claiming more than one-half (1/2) of total personal exemption	
Signature of spouse claiming less than one-half (1/2) of total personal exemption	10-09-2007 Date

ADOR 91-0106 (07) 1024 AZ Form 202 (2007) Page 2 of 2

Arizona Department of Revenue E-file Signature Authorization

2007

AZ-00/3	Illo Olgilataro Authorization	
YOUR FIRST NAME AND INITIAL	LAST NAME	YOUR SOCIAL SECURITY NO.
Tree O	THREE	400-00-7507
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL		SPOUSE'S SOCIAL SECURITY NO.
PART I PURPOSE		
• To certify the truthfulness, correctness, and com	npleteness of the taxpayer's electronic income tax return.	
To authorize the Electronic Return Originator (E)	ERO) to affirm that the taxpayer wishes to use the taxpayer	r's electronic signature to the taxpayer's
	ayer's signature to the taxpayer's electronic Arizona individ	
PART I - TAX RETURN INFORMATION	PART II - FINANCIAL INSTIT	UTION INFORMATION -
	Must be present when reques	ting direct debit or deposit.
1 Arizona Adjusted Gross Income 1 46,759	, , , , , , , , , , , , , , , , , , , 	ROUTING NUMBER
2 Balance Of Tax • • • • • • 2 533		1 2 3 4 5 6 7 8 0
3 Arizona Income Tax Withheld • 3	00 ACCOUNT NUMBER	
Check box 4 or box 5:	5 5 5 1 2 1 2 1	
4 REFUND. Enter the amount of refund	4 00 DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
5 X AMOUNT YOU OWE. Enter the amount owed • • •	5 433 00 0 4 1 5 2 b b 8	\$
	based on the information provided on your tax return. Yo	
account listed in the Financial Institution Informatio	-	ar retaind amount will be deposited in the
	taxes based on the information provided on your tax return	n. Vou have elected to direct debit for
·	account and on the date listed in the Financial Institution I	
payment. The payment will be withdrawn from the a	account and on the date listed in the Financial institution i	mormation Section (Fart II).
PART III DECLARATION AND SIGNATURE AU	THORIZATION (Sign only after completing Part II)	
adjusted gross income, total tax, Arizona income tax withheld, Arizona income tax return. 6a	nue (DOR) and its designated Financial Agent to initiate an ACH electronated in the tax preparation software for payment of my Arizona taxes over a sing of the electronic payment of taxes to receive confidential information. Or does not receive full and timely payment of my tax liability by April 15 electronically filling my federal and state tax returns, I understand that it elected. Service Provider (OLSP) sending my electronic Arizona individual incoor OLSP sending such information to DOR through a transmitter. I consensmission and an indication of whether or not the transmission of my remy return or refund is delayed, I authorize DOR to disclose to my ERO, contacts my ERO for a copy of my return, any attachments or schedules usested documents to DOR.	the paper copy of my electronic income tax return. If I have filed a sinic funds withdrawal (direct debit) wed on this return. I also authorize tion necessary to answer inquiries 5, 2008, I will remain liable for f there is an error on my federal some tax return and accompanying ent to DOR sending my ERO, eturn is accepted and, if the return to DOR and/or transmitter the is to my return, and/or this autho-
l authorize JONN SMITN (ELECTRONIC RETURN ORIGINA	to make the election that I want my electronic s	ignature to my electronic federal individual
income tax return to serve as my signature to my electronic Ari ERO makes the election that my electronic signature to my fed will have signed my Arizona individual income tax return and d and complete. I further understand that if my ERO fails to make Arizona individual income tax return, I will need to execute Arizing P	rizona individual income tax return for the year ending December 31, 20 deral individual income tax return will serve as my signature to my Arizo declared under penalites of perjury that to the best of my knowledge and the election of my electronic signature to my federal individual income zona Form AZ-8453. 10-09-20	na individual income tax return, I d belief the return is true, α e tax return as my signature to my
YOUR PEN AND INK SIGNATURE	DATE	
ÉÉ		
S ^L ▶		
SPOUSE'S PEN AND INK SIGNATURE	DATE	

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

ARIZONA SCHEDULE 1

Listing of Additional Dependents, Parents/Ancestors, Other Additions, and Other Subtractions

2007

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY Social Security Number THREE 400-00-7507 Tree O

Additional D	Dependents
--------------	------------

				No. of Months Lived
	FIRST AND LAST NAME	SSN	RELATIONSHIP	in Your Home in 2007
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				
Additional Qualify	ing Parent/Ancestors			
Parent/Ancestor 2				
Parent/Ancestor 3				
Parent/Ancestor 4				
Other Additions Li	isting			
	Decembrish			A a

	Description	Amount
A.	Pension Adjustments	
B.	Married Persons Filing Separate Returns	
C.	Partnership Income	
D.	Fiduciary Adjustment	
E.	Net Operating Losses	
F.	Items Previously Deducted for Arizona Purposes	
G.	Claim of Right Adjustment for Amounts Repaid in 2007	
Н.	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
I.	Addition to S Corporation Income Due to Credits Claimed	
J.	Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
K.	Wage Expense for Employers of TANF Recipients	
L.	Motion Picture Production Expenses	
M.	Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
N.	Depreciation or Amortization for a Water Conservation System	
Ο.	Agricultural Water Conservation System Credit	
Ρ.	Other Adjustments (see instructions)	

Total Other Additions

Other Subtractions Listing

	Description	Amount
A.	Previously Reported Gain on Decedent's Installment Sale	
В.	Fiduciary Adjustment	
C.	Partnership Income	
D.	Federally Taxable Arizona Municipal Interest	
E.	Adoption Expenses	
F.	Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G.	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
H.	Certain Expenses Not Allowed for Federal Purposes	
I.	Qualified State Tuition Program Distributions	
J.	Subtraction for World War II Victims	
K.	Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L.	Agricultural Crops Given to Arizona Charities	
M.	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N.	Adjustment for IRC § 179 Expense Not Allowed	
Ο.	Displaced Pupil Choice Grant Awards	
P.	Other Adjustments (see instructions) See Schedule 2	72,358
	Total Other Subtractions	72,358

2007 Arizona Schedule 2

Name(s) as shown on Forms 140, 140A, 140NR, or 140PY		Social Security Number	
Tree O	THREE	400-00-7507	

Schedule 1 Subtractions, Line P: Community Property Adjustment

The taxpayer can provide additional details if neccessary.

a Control number		OMB No. 1545	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
87-9000444			113,500	10,000
C Employer's name, address, and ZIP code	9		3 Social security wages	4 Social security tax withheld
PART TIME JOBS			92,700	5,747
			5 Medicare wages and tips	6 Medicare tax withheld
7177 CACTUS LANE			113,500	1,646
ALTAMONT	UT	84001	7 Social security tips	8 Allocated tips
d Employee's social security number 400-00-7507			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12 C 8 e
TREE O THE	REE		13 Statutory Retmnt. Third-party employee plan Sick pay	12b C Q Q
121 TORCH ST			14 Other	12c C
FORT MOHAVE	AZ	86426		C e
				12d
				C C
f Employee's address and ZIP code				
15 State Employer's state ID no.	State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
AZ 87-9000444	113,500			
Mana and Tax		•		

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 $\rm F$ return by John Smith.

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use IRS @	-file	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN) 86-2727727			1 Wages, tips, other compensation 1,500	2	Federal income tax withheld
c Employer's name, address, and ZIP code PIMA-APACHE INDIAN NA	TION		3 Social security wages 1,500 5 Medicare wages and tips	6	Social security tax withheld 93 Medicare tax withheld
8657 Native American Fort Mohave	Way AZ 864	26	1,500 7 Social security tips	8	22 Allocated tips
d Employee's social security number $400-00-7507$			9 Advance EIC payment	10	Dependent care benefits
	st name	Suff.	11 Nonqualified plans	12a C 0 e	See instructions for box 12
TREE O THREE			13 Statutory Retmnt. Third-party sick pay	8	
121 TORCH ST FORT MOHAVE	AZ 864	26	14 Other	120 Cage 120 Cage	
f Employee's address and ZIP code 15 State Employer's state ID no. 16 State v	wages, tips, etc. 17 State	e income tax	18 Local wages, tips, etc. 19 Local in		tax 20 Locality name
15 State Employer's state ID no. 16 State (AZ 86-2727727	1,500	e income tax	Local wages, tips, etc.	icome	Locality name

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Freturn by John Smith.

	VOID CO	RRECTED		
PAYER'S name, street address, city,	state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From ensions, Annuities, Retirement or
Pima County Ret	irement System	\$ 15,000 2a _{Taxable} amount	2007	Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2920 Ocotillo Pl	cwy	\$ 15,000	Form 1099-R	
Tucson	AZ 85701	2b Taxable amount not determined	Total distribution	Copy A
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	Internal Revenue Service Center
11-1222333	400-00-7507	\$	\$	File with Form 1096.
RECIPIENT'S name	•	5 _{Employee} contributions	6 Net unrealized	For Privacy Act
		/Designated Roth contributions or	appreciation in employer's securities	and Paperwork
		insurance premiums/	employer's securities	Reduction Act
Tree O THREE		\$	\$	Notice, see the
Street address (including apt. no.)		7 Distribution IRA/	8 Other	2007 General
		Code SIMPLE		Instructions for
121 TORCH ST		7		6 Forms 1099,
City, state, and ZIP code		9a Your percentage of total distribution	9b Total employee contributions	1098, 5498,
FORT MOHAVE	AZ 86426	%	\$	and W-2G.
	1st year of desig. Roth contrib.	10 State tax withheld	11 State/Payer's state no.	12 State distribution
		\$	AZ 11-1222333	\$ 10,000
		\$		\$
Account number (see instructions)		13 Local tax withheld	14 Name of locality	15 Local distribution
		\$		\$
		\$		\$

Form 1099-R

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by John Smith.

SCHEDULE A WORKSHEET		Itemized Deductions Worksheet-Line 28		2007
WOIN	OHLLI	(Keep for your records)		
Name(s) a	s shown on return		\neg	Your social security number
Tree	O THREE			400-00-7507
4	Enter the total of th	an amounts from Cahadula A. lines 4. 0. 44. 49. 40. 26. and 27.	4	15 400
1. 2.		ne amounts from Schedule A, lines 4, 9, 14, 18, 19, 26, and 27 · · · · · · · · · · · · · · · · · ·	'	15,480
۷.		uded on line 27 · · · · · · · · · · · · · · · · · ·	2	
		audeu on linie 27	_* -	
	Caution! Be sure	e your total gambling and casualty or theft losses are clearly identified on the		
		ines next to line 27.		
			_	
3.	Is the amount on I	ne 2 less than the amount on line 1?		
	No. STOP. Yo	our deduction is not limited. Enter the amount from line 1 above on Schedule A,		
	line 28.			
	X Yes. Subtract	line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3	15,480
4.	Multiply line 3 by 8	0% (.80) 4 12,3		
5.		rom Form 1040, line 38 · · · · · · 5. 147, 9		
6.		78,200 if married filing separately) • • • • • 6 78,2	<u>00</u>	
7.		ne 6 less than the amount on line 5?		
		our deduction is not limited. Enter the amount from line 1		
		Schedule A, line 28.		
_	X Yes. Subtract	line 6 from line 5 7. % (.03) 8.	<u>67</u>	
8.	Multiply line / by 3	% (.03) · · · · · · · · · · · · · · · · · · ·	<u>93</u>	
9.		of line 4 or line 8		2,093
10.	•			698
11. 12.		om line 9	11. —	1,395
12.		uctions. Subtract line 11 from line 1. Enter the result here and on Schedule A,	12	14 005
	III E 20 · · · · ·	• • • • • • • • • • • • • • • • • • • •	14. —	14,085

Community Property State Married Filing Separate Allocation Worksheet (Keep for your records)

2007

Name(s) as shown on return Your social security number 400-00-7507 Tree O THREE

		Total	Taxpayer	Spouse
1.	Wages	116,000	115,000	1,000
2.	Interest · · · · · · · · · · · · · · · · · · ·	500		500
3.	Dividends · · · · · · · · · · · · · · · · · · ·	1,850	1,450	400
4.	State income tax refund			
5.	Capital gains · · · · · · · · · · · · · · · · · · ·	865	515	350
6.	Pension income · · · · · · · · · · · · · · · · · · ·	16,000	15,000	1,000
7.	Total rents, royalties, partnership,			•
	estates, and trusts •••••••			
8.	Other income	16,250	16,250	
9.	Total income	151,465	148,215	3,250
10.	Total payments · · · · · · · · · · · · · · · · · · ·	11,100	11,000	100



ARIZONA



SSN: 400-00-7508

Description: Resident, MFJ, I blind, I deceased, 2 dependents, Direct Deposit

Arizona Information:

Forms used: Form 140, Schedule A, Forms 131, 301, 302, 304, 305, 308-I, 315, 320, 331, 333, 334, 336, and AZ-8453

Other:

Clean Election Deduction = 10

Form 131: Claim refund for deceased taxpayer (primary)

Lump-sum distribution (Form 1099-R) = 3,800

Income Information:	Total
Wages from one W-2 Form	17,400
Interest (US Savings Bonds 1,500)	2,150
Dividends	3,730
Schedule C (Primary) (net income)	37,189
Schedule C (Spouse) (net income)	66,500
Pension (1099-R from the Railroad Retirement Board)	1,500
Schedule SE (self employment tax deduction)	2,628 + 4,698 = 7,326
Federal AGI	121,143
Deductions and Adjustments	
Schedule A: Medical and Dental (before reduction)	30,000
State/Local Taxes (W2 + Estimated)	5,000
Home Mortgage Interest	10,000
Contributions	400

D1 (8/23/7) **Resident Personal Income Tax Return** ARIZONA FORM FOR CALENDAR YEAR 2007 OR 66

_	KIZ.	140 FISCAL YEAR BEGINNING	A	ND ENDING		. 66		2007	,
	_	FIRST NAME AND INITIAL	LAST NAME	DECEAS	ED,101507	YOUR SOCIAL	SECU	RITY NO. (required)	
L	1]	Manny	FOREM		•	400-0			
	F A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL LAST NAME			SPOUSE'S SOCIAL SECURITY NO. (require					
L		SOPHIA	HAPGO			400-0	<u> </u>	319	
	\neg	NT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO.		IONE (with area	•	89 X			
2		4664 COUSINS PL		8-555-12		4			
	,	OWN OR POST OFFICE STATE ZIP CODE		NE (with area cod	de)	Check this box			
		LAKE HAVASU CITY, AZ 86403	94					ider extension	
FS	Ī	X Married filing joint return				FOR DOR U	JSE ON	LY	
i t I a	5 [
i t n u	6	Married filing separate return. Enter spouse's Social Security Number above and full name here							
g s	7	Single							
Εt		8 0 0 Age 65 or over (you and/or spouse)			90				
Хi	n	nter the gumber 9 01 Blind (you and/or spouse)			88				_
e o m n	no	med. Do t put a 10 02 Dependents. From page 2, line A2 - do not include self	for spouse.						
p s	che	ck mark. 11 00 Qualifying parents and ancestors of your parents. From	page 2, line A	.5.	81		80		
	THI	S BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA F JR RETURN	ROM	12 Federal ad	djusted gross income	• • • • • •	· 12	121,143 o)0
				13 Additions	to income (from page	2, line B13) •	13	3,800 o	
				14 Add lines	12 and 13		14	124,943	
					ns. No. from line C27		15	7,600 0	
		BIII BOAL KEZYENYAN USANYAN GARRANAN MAGAKANAN YANDA MAGARAN BOG-BIII	Ī		GI. Line 14 minus line		16	117,343	_
				17 17 X I		STANDARD .	17	45,400 0	
Attach W-2				18 Personal e	•	17 0 10	18	6,300 o	
to back					e inc. Line 16 minus li tax. Use line 19 & pro		19	1,908	
of					ecapture of credits	per tax table	. 21	900	
last page					f tax. Add lines 20 an	d 21 • • • •	. 22	2,808	
of the return.			I			32X SPOUSE	-	100	
If item-					ax. Subtract line 24 fr		- 25	2,798 0	
izing, attach				26. Family inc	ome tax credit from p	. 15 of instr •	26	0	00
your fed-	27	Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form	301 is not red	quired • •			• 27	2,798 o)0
eral Sche-	28	Credit type. Enter form number of each credit claimed: ••••• 28	3 0 2	з04	3 0 5	<u>15</u>			
dule A and	29	Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions	• • • •	• • • • • •		• • • • • •	29	0	00
Ari-	30	Balance of tax: Subtract lines 26, 27 and 29 from line 25. If the su	um of lines 2	26, 27 and 29	is more than line	25; enter zer	30		00
zona Sche-		Arizona income tax withheld during 2007* • • • • • • • • • • • • • • • • • • •		• • • • • •		• • • • • •	31	5,000 c	
dule A if re-		Arizona estimated tax payments for 2007 · · · · · · · · · · · · · · · · · ·		• • • • •		• • • • • •	32		00
quired.		Amount paid with 2007 Arizona extension request (Form 204) •	advanta =				33		00
	34 35	Increased Excise Tax Credit from worksheet on page 17 of the in Property Tax Credit from Form 140PTC	structions .				34		<u>00</u> 00
Δ		Total payments/refundable credits: Add lines 31 through 35 · ·					. 36	5,000	
A T T		TAX DUE: If line 30 is larger than line 36, subtract line 36 from line	30 and ent	er amount of	tax due. Skip line	s 38, 39 and 4			00
A C	38	OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 fro			•		- 38	5,000 d	_
Н	39	Amount of line 38 to be applied to 2008 estimated tax • • • • •		• • • • •			- 39	C	00
Р	40	Balance of overpayment. Subtract line 39 from line 38 · · · · ·		• • • • • •			- 40	5,000 c	<u>)0</u>
A Y	41 -	50 Voluntary Gifts to: AID TO EDUCATION 41 (entire refund only)		ZONA WILDL		0	-		
M		CITIZENS CLEAN ELECTION 193		D ABUSE PI		00	-		
E N T		DOMESTIC VIOLENCE SHELTER	1 001	IONAL GUAF IEF FUND		00	-		
		NEIGHBORS HELPING 47		CIAL OLYMF		00	-		
HERE	E4	VETERANS' DONATIONS FUND Chack only one if making a political signal Domocratic 12		ITICAL GIFT 13 Republi		100	4		
R E		Check only one if making a political gift. Democratic LEstimated payment penalty and MSA withdrawal penalty		· · · · · · ·	ıcan •••••		. 52	Ta	00
_		Check applicable boxe 5 3 Check applicable boxe 5 3 Annualized/Othe 5 3 Farmer or	Fisherm 58	3	21 attach 5/3 4	MSA Panalty	32	0	<u>,U</u>
		Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, and 52 • • •	• • • • • •			·····	- 54	ا ر	00
			nount owed	on tine 56			55	5,000	
		REFUND: Subtract line 54 from line 40. If less than zero, enter an Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER	cX	Checking o	r			2,000	
		98 021234567 123123123	s	Savings					
	56	AMOUNT OWED: Add lines 37 and Make check payable to Arizona Depar	tment of Reve		N on payment.		56		00
		Payment enclosed. Check the box and attach payment. PLEASE DO NO	T SEND CASH	·1.					

YOUR	NAME AS SHOWN ON PAGE 1			JR SOCIAL SECURITY NO.	¬ D1 (8	3/23/7)	
	<u>ianny FOREMAN 400-00-7508</u>						
PART	A: Dependents and Qualifying Par	ents - do not list yourself or spou	ıse				
If compl	eting Part A, also complete Part C, lines C16 a	nd/or C17 and C18.		NO OF HOUTING	_		
A 1	List children and other dependents. If more	space is needed, attach a separate sheet.		NO. OF MONTHS LIVED IN YOUR			
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	HOME IN 2007	_		
	JACK FOREMAN		SON .	12	4		
	SUE FOREMAN	289-49-8798 D	AUGHTER	12	_		
					+		
A2	Enter total number of persons listed in A1 he	ere and on page 1 of this form, box 10.	Iso complete Part C below	• • • • • • • • TOTAL	A2	2	
A 3	a Enter the names of the dependents liste	ed above who do not qualify as your depend	dent on your federal return:		¬		
					_		
	b Enter dependents listed above who were	re not claimed on your federal return due to	education credits:		¬		
A4	List qualifying parents and ancestors of your For information on who is a qualifying parent	•	•	NO. OF MONTHS	on line A1.		
		1	1	LIVED IN YOUR			
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	HOME IN 2007			
					+		
A5 DAD	Enter total number of persons listed in A4 he	ere and on page 1 of this form, box 11	• • • • • • • • • • • • • • • • • • • •	···············	A5	00	
	B: Additions to Income						$\overline{}$
В6	Non-Arizona municipal interest • • • •	• • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	B6		00
В7	Early withdrawal of Arizona Retirement Syste	•	al return • • • •	• • • • • • • • • • • • • • • • • • • •	B7		00
В8	Ordinary income portion of lump-sum distribu	utions excluded on your federal return	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	B8	3 , 800	
В9	Total federal depreciation • • • • • •	• • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	B9		00
B10	Medical savings account (MSA) distributions	· -	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	B10		00
B11	I.R.C.§ 179 expense in excess of allowable	, •	• • • • • • • • • •	• • • • • • • • • • • • • •	B11		00
B12	Other additions to income. See instructions a	•	• • • • • • • • • •	• • • • • • • • • • • • • •	B12		00
B13	Total. Add lines B6 through B12. Enter here	e and on page 1 of this form, line 13	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	B13	3 , 800) 00
	C: Subtractions from Income				4		
C14	Exemption: Age 65 or over. Multiply the nun			C14 0			
C15	Exemption: Blind. Multiply the number in box			C15 1,500 0	1		
C16	Exemption: Dependents. Multiply the number			C16 4,600 0	0		
C17	Exemption: Qualifying parents and ancestors	s of your parents. Multiply the number in					
	box 11, page 1, by \$10,000 • • • • • •	• • • • • • • • • • • • • • • • • •		C17 0	<u>0</u>		
C18	Total exemptions: Add lines C14 through C1	•			<u> </u>		
	income, skip lines C19 through C30 and ente		ge 1, line 15		C18	6,100	
C19	Interest on U.S. obligations such as U.S. sav				C19	1,500	
C20	Exclusion for federal, Arizona state or local of		• •		C20		00
C21	Arizona state lottery winnings included as inc	, , , , , , , , , , , , , , , , , , , ,	**		C21		00
C22	U.S. Social Security or Railroad Retirement	Act benefits included as income on your fed	leral return (the taxable am	ount)	C22		00
C23	Recalculated Arizona depreciation • • •			• • • • • • • • • • • • • • • • • • • •	C23		00
C24	Certain wages of American Indians • • •			• • • • • • • • • • • • • • • • • • • •	C24		00
C25	Income tax refund from other states. See in			• • • • • • • • • • • • • • • • • • • •	C25		00
C26	Deposits and employer contributions into MS	, •			C26		00
C27	Construction of an energy efficient residence	, •		, then amount	C27		00
C28	Compensation received for active service as		or the U.S. armed forces	• • • • • • • • • • • • •	C28		00
C29	Other subtractions from income. See instruct	· ·		• • • • • • • • • • • • • • • • • • • •	C29	7.60/	00
C30	Total: Add lines C18 through C29. Enter h				C30	7,600	<u>J</u> 00
Part	D: Last Name(s) Used in Prior Year	s if different from name(s) used i	n current year				
D31							
	I have read this return and any attachments	with it. Under penalties of periury. I declare	that to the best of my know	ledge and belief they are true corr	ect		
P	I have read this return and any attachments and complete. Declaration of preparer (other						
L A S E	FILED AS SURVIVING	SPOUSE			KER		
S	YOUR SIGNATURE		DATE	OCCUPATION			
s	ODOLIOFIO GIONATURE		<u> 10-09-20</u>		ION		—
	SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPAT	ION		
G N	DAID DDEDADEDIO CICALATUDE		John Smi				
H	PAID PREPARER'S SIGNATURE	00.000	FIRM'S NAME (PRE	PARER'S IF SELF-EMPLOYED)			
H E R E		-09-2007	ADDDEOG				
	PAID PREPARER'S TIN DATE	PAID PREPARER'S A	ADDKE22				

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 29204, Phoenix, AZ 85038-9204. If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 29205, Phoenix, AZ 85038-9205.

45,400 00

ARIZONA SCHEDULE

Itemized Deduction Adjustments

For Full-Year Residents Filing Form 140

	Attach to your return				
OUR N	IAME AS SHOWN ON FORM 140	YOUR S	OCIAL SE	CURITY NUMBER	
Ma	anny FOREMAN	400	0-00-7508		
POUS		SPOUSE'S SOCIAL SECURITY			
S	DPHIA HAPGOOD	400	0-00-9819		
hown	nize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the am on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on ule A. See instructions for details.		eral		
dius	ment to Medical and Dental Expenses			_	
1	Medical and dental expenses	00			
2	Amount of medical savings account (MSA) distributions used to pay qualified	,0 11			
	medical expenses included on line 1	00			
3	Medical expenses allowed to be taken as a federal itemized deduction	4 00			
4	Add line 2 and line 3, and enter the result 20, 91				
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	•••	5	9,086 00	
6	If line 4 is more than line 1, subtract line 1 from line 4		6	00	
djus	ment to Interest Deduction				
7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396),				
	enter the amount of mortgage interest you paid for 2007 that is equal to the amount of your 2007				
	federal credit · · · · · · · · · · · · · · · · · · ·		7	00	
djus	ment to Gambling Losses				
8	Wagering losses allowed as a federal itemized deduction	00			
9	Total gambling winnings included in your federal adjusted gross income 9	00			
10	Authorized Arizona lottery subtraction from Form 140, page 2, line C21 ••••••• 10	00			
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9 · · · · · · · 11	00			
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero" • • • • • • • • • • • • • • • • • • •	• • •	12	0 00	
djus	ment to Property Taxes				
13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the				
	amount of property taxes allowed as a federal itemized deduction for which a credit is claimed • • • • • • • • • • • • • • • • • • •	• • •	13	00	
•	ment to Charitable Contributions				
	Amount of charitable contributions for which you are taking a credit under Arizona law	• • •	14	00	
	Adjustments		_		
	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	• • •	15	00	
•	ed Itemized Deductions				
	Add the amounts on lines 5 and 7				
17	Add the amounts on lines 6, 12, 13, 14 and 15	00			
18	Total federal itemized deductions allowed to be taken on federal return				
19	Enter the amount from line 16 above				
20	Add lines 18 and 19				
21	Enter the amount from line 17 above	00			

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

22 Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here

SCHEDULES A&B (Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074 2007

Attachment

Department of Internal Reven	the Treamue Service	sury ce (99)	► Attach to Form 1040. ► See Instructions for Schedules A & B (Form 1040).		Attachment Sequence No. 07
Name(s) show	n on Forr	n 1040		Your s	social security number
Manny	FORE	MAN I	DECD & SOPHIA HAPGOOD	400	-00-7508
Medical		Caution	Do not include expenses reimbursed or paid by others.		
and	1	Medical	and dental expenses (see page A-1) · · · · · · · · · 1 30,000		
Dental	2	Enter ar	mount from Form 1040, line 38 2 121, 143		
Expenses	3	Multiply	line 2 by 7.5% (.075)		
	4	Subtract	t line 3 from line 1. If line 3 is more than line 1, enter -0-	4	20,914
Taxes You	5	State an	nd local (check only one box):		
Paid		a X In	come taxes, or 5,000		
(\$00		b G	eneral sales Taxes		
(See page A-2.)	6	Real es	tate taxes (see page A-5) · · · · · · · · · · · · 6		
,	7	Persona	al property taxes · · · · · · · · · · · · · · · · · · ·		
	8	Other ta	axes. List type and amount		
			8		
	9	Add line	es 5 through 8 · · · · · · · · · · · · · · · · · ·	9	5,000
Interest	10	Home m	nortgage interest and points reported to you on Form 1098 • 10 10,000		0,000
You Paid	11	Home m	nortgage interest not reported to you on Form 1098. If paid erson from whom you bought the home, see page A-6		
40		to the pe	erson from whom you bought the home, see page A-6 w that person's name, identifying no., and address		
(See page A-5.)			,, p		
Note. Personal			11		
interest is	12	Points n	not reported to you on Form 1098. See page A-6		
not deductible.			cial rules		
deductible.	13	Qualifie	d mortgage insurance premiums (See page A-7) 13		
	14		ent interest. Attach Form 4952 if required. (See		
			7.)		
	15	. •	es 10 through 14	15	10,000
Cifto to	16		cash or check. If you made any gift of \$250 or		10,000
Gifts to Charity		-	ee page A-8 · · · · · · · · · · · · · · · · · · ·		
-	17	•	nan by cash or check. If any gift of \$250 or more,		
If you made a gift and got a			e A-8. You must attach Form 8283 if over \$500 · · · · · 17		
benefit for it,	18		er from prior year · · · · · · · · · · · · · · · · · · ·		
see page A-7.		,	es 16 through 18	19	400
Casualty a					100
Theft Loss		Casualty	y or theft loss(es). Attach Form 4684. (See page A-9.)	20	
Joh Evnon	21		pursed employee expenses - job travel, union		
Job Expension and Certain		dues, jo	b education, etc. Attach Form 2106 or 2106-EZ		
Miscellane		-	ed. (See page A-9.)		
Deductions	8	•		1	
(See					
page A-9.)	22	Tax prei	paration fees · · · · · · · · · · · · · · · · 22		
	23		xpenses - investment, safe deposit box, etc. List		
		type and	d amount 🕨		
		31	23		
	24	Add lines	s 21 through 23		
	25		nount from Form 1040, line 38 25		
	26		line 25 by 2% (.02)		
	27		line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other	28		from list on page A-9. List type and amount		
Miscellane					
Deductions				28	
Total	29	Is Form	1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?		
Total Itemized			Your deduction is not limited. Add the amounts in the far right column		
Deductions	s		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	36,314
		Yes	Wour deduction may be limited. See page A-10 for the amount to enter.		30,314
	30		ct to itemize deductions even though they are less than your standard deduction, check here		

For the calendar year 2007, or

D1 - 08/23/07

SPOUSE'S SOCIAL SECURITY NUMBER

400-00-9819

ARIZONA FORM 301

SOPHIA HAPGOOD

20	07	
20	U I	

	fiscal year beginning	and ending	·	
		Attach to your return		
YOUR NAME AS SHOWN ON	FORM 140, 140PY, 140NR OR 140X		YOUR SOCIAL SECURITY NUMBER	
Manny FOREMA	.N		400-00-7508	

Part I

SPOUSE'S NAME AS SHOWN ON FORM 140, 140PY, 140NR OR 140X

						_
No	nrefundable Individual Tax Credits					
	er total available tax credits.					
1	Defense Contracting Credit from Form 302 • • • • • • • • • • • • • • • • • • •	1	45,015	00		
2	Enterprise Zone Credit from Form 304 · · · · · · · · · · · · · · · · · · ·	2	2,500			
3	Environmental Technology Facility Credit from Form 305 • • • • • • • • • • • • • • • • • • •	3	2,000			
4	Military Reuse Zone Credit from Form 306 • • • • • • • • • • • • • • • • • • •	4	•	00		
5	Recycling Equipment Credit from Form 307 · · · · · · · · · · · · · · · · · · ·	5		00		
6	Credit for Increased Research Activities from Form 308-I • • • • • • • • • • • • • • • • • • •	6	1,553	00		
7a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R •	7a	•	00		
7b	Nonresident Credit for Taxes Paid to Another State or Country from					
	Form 309-NR	7b		00		
7с	Part-Year Resident Credit for Taxes Paid to Another State or Country from					
	Form 309-PY	7с		00		
7d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also					
	Considered to Be a Statutory Resident of Another State from Form 309-D • •	7d		00		
8	Credit for Solar Energy Devices from Form 310 • • • • • • • • • • • • • • • • • • •	8		00		
9	Agricultural Water Conservation System Credit from Form 312 • • • • • • • •	9		00		
10	Pollution Control Credit from Form 315 • • • • • • • • • • • • • • • • • • •	10	2,000	00		
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle					
	Recharge Outlets from Form 319 · · · · · · · · · · · · · · · · · · ·	11		00		
12	Credit for Employment of TANF Recipients from Form 320 · · · · · · · · · ·	12	1,333	00		
13	Credit for Contributions to Charities that Provide Assistance to the Working					
	Poor from Form 321 · · · · · · · · · · · · · · · · · · ·	13		00		
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 •	14		00		
15	Credit for Contributions to School Tuition Organizations from Form 323 • • • •	15		00		
16	Agricultural Pollution Control Equipment Credit from Form 325 • • • • • • • • • • • • • • • • • • •	16		00		
17	Credit for Donation of School Site from Form 331 · · · · · · · · · · · · · · · · · ·	17	4,502	00		
18	Credit for Healthy Forest Enterprises from Form 332 • • • • • • • • • • • • • • • • • •	18		00		
19	Credit for Employing National Guard Members from Form 333 • • • • • • • • •	19	12,000	00		
20	Credit for Motion Picture Production Costs from Form 334 · · · · · · · · · · · · · · · · · ·	20	1,000	00		
21	Credit for Solar Energy Devices Commercial and Industrial Applications from					
	Form 336 • • • • • • • • • • • • • • • • • •	21	25	00		
22	Credit for Investment in Qualified Small Businesses from Form 338 • • • • • •	22		00		
23	Credit for Water Conservation Systems from Form 339 • • • • • • • • • • • • • • • • • •	23		00		_
24	Total Available Tax Credits: Add lines 1 through 23 · · · · · · · · · · · ·				71,928 00)

Continued on page 2 >

YOUR NAME AS SHOWN ON PAGE 1	YOUR SOCIAL SECURITY NO.	D1 - 08/23/07
Manny FOREMAN	400-00-7508	

Part II Application of Tax Credits

Ente	er tax, recapture tax, and tax credits claimed this taxable year.							
25	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form	n 14	10X, line 26 • • • •	• • [25	1,908	3 00	5
26	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27	' ;				•	T	
	or Form 140NR, line 27; or Form 140X, line 29 • • • • • • • • • • • • • • • • • •			$\cdot \cdot $	26	10	00	J
27	Subtract line 26 from line 25 · · · · · · · · · · · · · · · · · ·			• •	27	1,898	3 00	5
28	Tax from recapture of Environmental Technology Facility Credit from					•		
	Form 305, Part V, line 23 · · · · · · · · · · · · · · · · · ·	28	900	00				
29	Tax from recapture of Credit for Healthy Forest Enterprises from							
	Form 332, Part IX, line 35 · · · · · · · · · · · · · · · · · ·	29		00				
30	Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 21; or						T	
	Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27 · · · · · ·					900) 00	J
31	Subtotal: Add lines 27 and 30 · · · · · · · · · · · · · · · · · ·			• •[31	2,798	3 00	J
32	Family Income Tax Credit from Form 140, line 26: or Form 140PY, line 29: or Form 1	40X	(line 31	[32		nr	ก

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I
--

34	Defense Contracting Credit from Form 302 · · · · · · · · · · · · · · · · · · ·	34	2,798	00
35	Enterprise Zone Credit from Form 304 · · · · · · · · · · · · · · · · · · ·	35	·	00
36	Environmental Technology Facility Credit from Form 305 (not to exceed 75%			
	of line 31) • • • • • • • • • • • • • • • • • • •	36		00
37	Military Reuse Zone Credit from Form 306 · · · · · · · · · · · · · · · · · · ·	37		00
38	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25%			
	of line 31 or \$5,000) • • • • • • • • • • • • • • • • • •	38		00
39	Credit for Increased Research Activities from Form 308-I	39		00
40a	Resident Credit for Taxes Paid to Another State or Country from Form 309-R •	40a		00
40b	Nonresident Credit for Taxes Paid to Another State or Country from			
	Form 309-NR • • • • • • • • • • • • • • • • • • •	40b		00
40c	Part-Year Resident Credit for Taxes Paid to Another State or Country from			
	Form 309-PY • • • • • • • • • • • • • • • • • • •	40c		00
40d	Credit for Taxes Paid to Another State for Arizona Residents Who Are Also			
	Considered to Be a Statutory Resident of Another State from Form 309-D • • •	40d		00
41	Credit for Solar Energy Devices from Form 310 • • • • • • • • • • • • • • • • • • •	41		00
42	Agricultural Water Conservation System Credit from Form 312 • • • • • • • • •	42		00
43	Pollution Control Credit from Form 315 · · · · · · · · · · · · · · · · · · ·	43		00
44	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle			
	Recharge Outlets from Form 319 · · · · · · · · · · · · · · · · · · ·	44		00
45	Credit for Employment of TANF Recipients from Form 320 • • • • • • • • • • • • • • • • • • •	45		00
46	Credit for Contributions to Charities that Provide Assistance to the Working			
	Poor from Form 321 · · · · · · · · · · · · · · · · · · ·	46		00
47	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 ••	47		00
48	Credit for Contributions to School Tuition Organizations from Form 323 \cdots	48		00
49	Agricultural Pollution Control Equipment Credit from Form 325 • • • • • • • • •	49		00
50	Credit for Donation of School Site from Form 331 · · · · · · · · · · · · · · · · · ·	50		00
51	Credit for Healthy Forest Enterprises from Form 332 • • • • • • • • • • • • • • • • • •	51		00
52	Credit for Employing National Guard Members from Form 333 • • • • • • • • •	52		00
53	Credit for Motion Picture Production Costs from Form 334 · · · · · · · · · · · · · · · · · ·	53		00
54	Credit for Solar Energy Devices Commercial and Industrial Applications from			
	Form 336 • • • • • • • • • • • • • • • • • •	54		00
55	Credit for Investment in Qualified Small Businesses from Form 338 • • • • • •	55		00
56	Credit for Water Conservation Systems from Form 339 · · · · · · · · · · · · · · · · · ·	56		00
57	Total Tax Credits Claimed: Add lines 34 through 56. Total cannot be more than line	33.	Enter this	
	amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or			

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

Defense Contracting Credits

•	•	•	
-,			•
_	L J	.,	•

	For the calendar year 2007 or	
fiscal year beginning .	and ending	

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165	Social security number or employer identification number
Manny FOREMAN DECD & SOPHIA HAPGOOD	400-00-7508

1 Has the business been certified as a qualified defense contractor by the Arizona Department of Commerce?

If the answer to this question is no, the business is not eligible for the defense contracting credits.

Yes	X	No	
-----	---	----	--

Part I Net Increase in Defense Employment Positions

2	Average employment during the current taxable year under United States				
	Department of Defense contracts	2	2		
3	Employment baseline	3	1		
4	Net increase in defense employment positions - subtract line 3 from line 2			4	1

Part II Net Increase in Qualified Private Commercial Employment Positions

5	Net increase in private commercial employment positions	5	3
6	Number of new qualified private commercial employment positions. See instructions • • • • • • • • • • • • • • • • • • •	6	4
7	Net increase in qualified private commercial employment positions. Enter the lesser of line 5 or line 6 • • • • • • • • • • • • • • • • • •	7	3

Part III Credit Calculation for Qualified Employment Positions

		(a)	(b)	(c)	(d)
		Number of qualified	Number of qualified	Credit per qualified	
		defense positions	commercial positions	employment position	Allowable credit
	Qualified net new				
8	employment positions	1	3	\$2,500	\$ 10,000
	Qualified employment				
9	positions in the second year	1	2	\$2,000	\$ 6 , 000
	of existence				
	Qualified employment				
10	positions in the third year	3	4	\$1,500	\$ 10,500
	of existence				
	Qualified employment				
11	positions in the fourth year	5	6	\$1,000	\$ 11,000
	of existence				
	Qualified employment				
12	positions in the fifth year	7	8	\$500	\$ 7 , 500
	of existence				
	Total				
13		17	23		\$ 45,000

Part IV Credit Calculation for Property Taxes Paid on Class One Property

14 Amount paid as taxes on property in Arizona classified as class one pursuant to ARS § 42-12001 · · · · · · · · · · · · · · · · · ·	14	1,500 00	וֹנ
15 Percent based on net new defense employment positions. See instructions	15	0.10	
16 Multiply line 14 by line 15			∫ J
17 Percent based on defense contract income divided by total gross income. See instructions	17	0.10	
18 Allowable credit for property taxes. Multiply line 16 by line 17	18	15 00	וֹנ

		D2 - 08/2	
AZ F	orm 302 (2007) Name: Manny FOREM	AN DECD & SOPHIA HAPGOOD	TIN: 400-00-7508 Page 2 of 2
Part '	V S Corporation Credit Election and Sharehold	ler's Share of Credit	
1	9 The S corporation has made an irrevocable election (CHECK ONLY ONE BOX)	on for the taxable year ending	to:
	Claim the defense contracting credits as shown	on Part III, line 13, column (d) and Part IV, line 1	8 (for the taxable year mentioned above);
	OR		
	Pass the defense contracting credits as shown of year mentioned above).	on Part III, line 13, column (d) and Part IV, line 18	3 through to its shareholders (for taxable
Signat	ure	Title	 Date
	If passing the credit through to the shareholders, confurnish each shareholder with a copy of the comple		nareholder.
	.,		
	Shareholder's TIN	O salvasa (d)	
	Shareholder's share of the amount on Part III, line 1		
23	Shareholder's share of the amount on Part IV, line 1	8	
	Complete lines 24 through 27 separately for each page	artner. Furnish each partner with a copy of the c	ompleted Form 302.
24	Name of partner		
	Partner's TIN		
26	Partner's share of the amount on Part III, line 13, co	lumn (d)	
27	Partner's share of the amount on Part IV, line 18		
Part	VII Available Credit Carryover (See instructions)	
	(a)	(b)	(c)
	Original credit	Amount	Available carryover - subtract column (b)
	amount	previously used	from column (a)
28			
Part	VIII Total Available Credit		
29	Current year's credit for qualified employment position	ons. Individuals, corporations, or	
	S corporations - enter amount from Part III, line 13,	column (d). S corporation shareholders - enter	
	amount from Part V, line 22. Partners of a partnersh	ip - enter amount from Part VI, line 26 · • 29	45,000 00
30	Current year's credit for property taxes paid on class	one property. Individuals, corporations,	
	or S corporations - enter amount from Part IV, line 1 $$		
	amount from Part V, line 23. Partners of a partnersh		
	Available credit carryover - enter amount from Part		
32	Total available credit - add lines 29, 30, and 31. Ent	er total here and on Form 300, Part I, line 1 or Fo	orm 301, Part I, line 1 32 45, 015 00

Enterprise Zone Credit

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·/////////////////////////////////////	_	•	•	
	.,		•	•
	•			•

	For the calendar year 2007 or
fiscal year beginning	and ending

	For the calendar year 2007 or	
fiscal year beginning	and ending	<u>.</u>

	Attach to your return.		
	e(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165 CONTROL OF THE STATE OF T	Social security number or employer 400-00-7508	identification number
	Enterprise Zone Credit for Qualified Em	ployment Positions	
	See instructions regarding Arizona Department of Commerce ce	rtification before claiming this	credit.
Part I	Business Information		
1	Business name	1 FREEDOM ZONE CO	ONSTRUCTION
2a	Business location address	2a 4738 EDWARD BOT	
		PHOENIX, AZ 850	
2b 3	· · · · · · · · · · · · · · · · · · ·	^{2b} PHOENIX FREEDON 3 19-8897498	1 ZONE
3	Employer identification number	3 19-8897498	
Part II	See instructions before answering this question. If the answer to this question is yes, the business is not eligible for the enterprise zone Net Increase in Average Number of Full Time Employees	Yes X No e credit for qualified employment	positions.
	See instructions before completing this section		
5	Average number of full time employees at the zone location during the current taxable	·	5 2.17
6	Average number of full time employees at the zone location during the immediately pr	eceding taxable year • • • •	6 1.00
7	Net increase in average number of full time employees - subtract line 6 from line 5	• • • • • • • • • • • • • • • • • • • •	7 1
Part II	Maximum Number of Qualified Employment Positions See instructions before completing this section		
8	Qualified employment positions - enter the no. of qualified employment positions create	ted during the taxable year •	8 10
9	Net increase in average number of full time employees - enter the number from Part II	·	9 1
10	Maximum number of new qualified employment positions for which the business may	ſ	10 1
112	application of the 35 percent enterprise zone residency requirement - enter the smalle Number of employees in qualified employment positions for which the credit is being of	l l	10 1
114	enterprise zone residents on the date of hire ••••••••••		11a 5
11b	Divide the amount on line 11a by 35 percent (.35). Enter the quotient · · · · · · ·		11b 14
	Enter the smaller of line 10 or line 11b. This is the maximum number of qualified empl	· · · · · · · · · · · · · · · · · · ·	
	for which the credit may be claimed after application of the enterprise zone residency	requirement · · · · · [11c 1
Part I	/ Limitation on Number of Qualified Employment Positions		

12	Maximum number of filled qualified employment positions on which a credit may be calculated • • • • • • • • • • • • • • • • • • •	12	200
13	Maximum number of new qualified employment positions on which you may claim the credit -		
	enter the lesser of line 11c or line 12	13	4

00

If passing the credit through to the shareholders, complete lines 21 through 23 separately for each shareholder.

Furnish each shareholder with a copy of the completed Form 304.

23 Shareholder's share of the amount on Part V, line 18, column (d)

21 Name of shareholder22 Shareholder's TIN

D1 - 08/23/07 Name: Manny FOREMAN DECD & SOPHIA HAPGOOD TIN: 400-00-7508 Page 3 of 3 AZ Form 304 (2007) Part VIII Partner's Share of Credit Complete lines 24 through 26 separately for each partner. Furnish each partner with a copy of the completed Form 304. 24 Name of partner 25 Partner's TIN 00 Part IX **Available Credit Carryover** (d) (f) (a) (b) (c) (e) 27 Taxable year 28 Original credit amount 29 Amount previously used Tentative carryover - subtract 30 line 29 from line 28 Amount unallowable - See 31 instructions Available carryover - subtract 32 line 31 from line 30 33 Total available carryover Part X **Total Available Credit** amount from Part V, line 18, column (d). S corporation shareholders - enter amount from Part VII, line 23.

34 Current year's credit for qualified employment positions. Individuals, corporations, or S corporations - enter

•	34	2,500	00
	35	-	00

35 Available credit carryover - from Part IX, line 33, column (f)

36 Total available enterprise zone credit for qualified employment positions - add lines 34 and 35. Corporations and S corporations - enter total here and on Form 300, Part I, line 2. Individuals - enter total

Name: Manny FOREMAN DECD & SOPHIA HAPGOO TIN: 400-00-7508

Form 304-1 (2007)

Employees at Enterprise Zone Location

Complete a Form 304-1 for each employee at the enterprise zone location, whether or not the employee is in a qualified employment position. See instructions for Form 304-1 (included with instructions for Form 304, page 3) about providing the requested information in an alternative format.

1	Employee name GEORGE EMPLOYEE
2	Employee's taxpayer identification number (TIN) 106-51-4964 RETREAD ROAD
3	Employee's residence address PHOENIX, AZ 85072
4a	Is the residence address listed on line 3 inside or outside of an enterprise zone that is located in the same county in which the business is located?
4b	If the answer on line 4a is inside, list the name of the enterprise zone in which the employee's residence address is located FREEDOM ZONE
5	Employee's residence address AT DATE OF HIRE RETREAD ROAD PHOENIX, AZ 85072
6a	Is the residence address listed on line 5 inside or outside of an enterprise zone that is located in the same county in which the business is located? X inside outside
6b	If the answer on line 6a is inside, list the name of the enterprise zone in which the employee's residence address was located FREEDOM ZONE
7	Date of initial employment 02-02-2005
8	If employee was previously employed by the business, list the last date of employment. (See instructions.)
9a	Is the employee in a permanent full time position?
9b	If the answer to line 9a is yes, list the number of hours the employee worked during the taxable year 5,000
10	Employee's annual compensation for the taxable year \$ 10,000
11a	Total cost of health insurance provided by employer for employee. (See instructions.) § 100
11b	Total cost of health insurance for employee paid by employer. (See instructions.) § 50
12	Is this employee in a new qualified employment position?
13a	Has this employee been substituted for another employee in a qualified employment positon?
13b	If answer on line 13a is yes, list the date of substitution and indicate whether the individual is a second year employee or a third year employee. See instructions before answering this question.
	Check only one box. second year employee third year employee

Environmental Technology Facility Credit

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-,			
_	.,	.,	

	For the calendar year 2007 or	
fiscal year beginning	and ending	

	Attach to your return.		_	
Nam	e(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165	Social security number or emplo	over ID number	
Mar	nny FOREMAN DECD & SOPHIA HAPGOOD	400-00-7508	•	
	Arizona Department of Commerce certification number: 19-8984798			•
Part I	Schedule of Cost of Equipment or Property Used in Construction of Facility for Cur	rent Year		
	and Calculation of Current Year's Credit			
1 [Date of facility's initial construction		1-01-2005	
	(a) Description		(b) Cost	
	FACILITY ONE		20,000	00
				00
				00
				00
				00
				00
				00
L				00
				00
				00
L				00
2	Total • • • • • • • • • • • • • • • • • • •	2	20,000	00
3 (Current year's credit - multiply line 2, column (b), by 10 percent (.10)		2,000	00
			2,000	
Part II	Recapture of Environmental Technology Facility Credit			
4	Date facility was placed in service • • • • • • • • • • • • • • • • • • •	4	12-01-200	04
5	Date facility ceased to operate as an environmental manufacturing, producing or processing		12-31-200	
6	Enter total credit actually claimed for the total facility	6	1,500	00
7	Enter percent based on the year facility ceased to operate as an environmental manufacturi		1,500	
		7	60.00	%
8	Total environmental technology facility credit recapture. Multiply line 6 by line 7 • • • • •	8	900	

AZ F	Form 305 (2007) Name: Manny FOREMAN DECD & SOPHIA F	IAPGO TIN:	400-00-7508	Page 2 of 3
Part	III S Corporation Credit Election and Shareholder's Share of Credit and Credit I	Recapture		
9	The S corporation has made an irrevocable election for the taxable year ending (CHECK ONLY ONE BOX)		to:	
	Claim the environmental technology facility credit, as shown on Part I, line 3, column (b) (for the taxat	ble year shown abov	/e);	
	OR			
	Pass the environmental technology facility credit, as shown on Part I, line 3, column (b) (for the taxab	le year mentioned a	bove) through to its shareholders.	
Signa	ature Title		Date	
	If passing the credit through to the shareholders, complete lines 10 through 12 separa If passing a credit recapture through to the shareholders, also complete line 13 separa Furnish each shareholder with a copy of the completed Form 305.	-		
10	Name of shareholder			
11			[40]	100
				00
13	Shareholder's share of credit recapture from Part II, line 8 · · · · · · · · · · · · · · · · · ·			00
——Part	IV Partner's Share of Credit and Credit Recapture			
	Complete lines 14 through 16 separately for each partner. If passing credit recapture through to the partners, also complete line 17 separately for Furnish each partner with a copy of the completed Form 305. Name of partner Partner's TIN			
16	Partner's share of the current year's credit from Part I, line 3, column (b)	•••••	16	00
17	Partner's share of credit recapture from Part II, line 8 · · · · · · · · · · · · · · · · · ·			00
——Part	V Credit Recapture Summary			
	Enter the taxable year(s) in which you took a credit or credit carryover for the facility th	nat has ceased to	o operate as an	
	environmental manufacturing, producing, or processing facility		<u> </u>	
19	Enter the total amount of credit originally claimed for the facility • • • • • • • • • • • • • • • • • • •			00
	Enter the total amount of the credit to be recaptured			
	 Individuals, corporations, and S corporations - enter the amount from Part II, lin 	ne 8.		
	S corporation shareholders - enter the amount from Part III, line 13. S corporation shareholders - enter the amount from Part III, line 13. S corporation shareholders - enter the amount from Part III, line 13. S corporation shareholders - enter the amount from Part III, line 13. S corporation shareholders - enter the amount from Part III, line 13.			
21	 Partners of a partnership - enter the amount from Part IV, line 17 Subtract line 20 from line 19 and enter the result. This is the amount of credit allowable 		20	900 00
21	facility that has ceased to operate as an environmental manufacturing, producing, or pro		21	(900)00
22	Amount of credit on line 19 that you have claimed on prior years' returns • • • • • •			00
	Subtract line 22 from line 21 and enter the result			(900)00
	If the result is a positive number, that is the amount of credit carryover remaining that y number in Part VI, column d, on the line for the year in which the disqualified credit are	-	uture taxable years. Enter t	his positive
	If the result is a negative number, that is the amount of credit you must recapture. If a line for the year in which the disqualified credit arose. • Corporations, also enter this amount as a positive number on Form 300, Part II		r, enter "zero" in Part VI, co	lumn d, on the
	 Individuals, also enter this amount as a positive number on Form 301, Part II, li 			

D1 - 08/24/07

ARIZONA FORM

Credit for Increased Research Activities - Individual

earch Activities - individuals	2
dan	

	For the calendar year 2007 or
fiscal year beginning	and ending

A	44	4-		return.
-	1126:11	10	vour	renirn

NI (-)		0 44000	440NID 440V
Name(s) as shown	1 ON FORM 14	U, 14UPY,	140NR, 140X

Manny FOREMAN DECD & SOPHIA HAPGOOD

Social security number

400-00-7508

00

Individuals must complete this form to claim the credit for increased research activities. Do not complete Form 308. Complete this form if the taxpayer has:

- (a) a current taxable year's credit from the taxpayer's sole proprietorship; OR
- (b) a current taxable year's credit passed through from an S corporation or a partnership; OR
- (c) a carryover of unused credit from taxable year(s) 2001 and later.

Part I Current Taxable Year Credit Calculation (Sole Proprietorships Only)

1	vvages for qualified services (do not include wages used in figuring the federal		
	work opportunity credit)		
2	Cost of supplies		
3	Rental or lease cost of computers		
4	Contract research expenses. See instructions · · · · · · · · · · · · · · · · · · ·		
5	Total qualified research expenses. Add lines 1 through 4. Enter the total ••••••••••••••••••••••••••••••••••••	5	15,527 00
	Average annual Arizona gross receipts. See instructions 6 10 00		•
7	Fixed-base percentage (not more than 16%). See instructions · · · · · · · · · · 7 15.50 %		
8	Base amount. Multiply line 6 by the percentage on line 7. Enter the result	8	2 00
	Subtract line 8 from line 5. If less than zero, enter zero (0) $\cdots \cdots		15 , 525 00
	Multiply line 5 by 50% (.50). Enter the result		7,764 00
11	Enter the lesser of line 9 or line 10 · · · · · · · · · · · · · · · · · ·	11	7,764 00
12	Current year credit for increased research activities. See instructions before completing this line	12	1 550 00

Part II Current Taxable Year's Credit Passed Through from S Corporations and Partnerships

Attach copies of any form(s) soo to your tax return)

Part III Available Pre-2003 Credit Carryover

	(a)	(b)	(c)	(d)
				Available carryover -
		Original credit	Amount	subtract column (c)
	Taxable year	amount	previously used	from column (b)
14				
15				
16	Total available pre-2003 carryover			

Part IV Available Post-2002 Credit Carryover

	(a)	(b)	(c)	(d)
				Available carryover -
		Original credit	Amount	subtract column (c)
	Taxable year	amount	previously used	from column (b)
17				
18				
19				
20				
21	Total available post-2002 carryover			

Page 2 of 2

AZ Form 308-I (2007) Name: Manny FOREMAN DECD & SOPHIA HA SSN: 400-00-7508

Part V Limitation of Credit Carryovers

LIMITATION OF PRE-2003 CREDIT CARRYOVER: You may not be able to use all your available pre-2003 credit carryovers from Part III to offset this year's tax liability. Complete Part V to determine which credit carryovers you may claim. Also complete Part V to figure the total of all of your available credit carryovers (amounts from Part III, line 16, column (d), and Part IV, line 21, column (d)) that you may claim this year.

22a	Tax liability - amount from Form 301, Part II, line 33 · · · · · · · · · · · · · · · · 22a 2 , 798 00		
22b	Current taxable year's credit - add the amounts from page one, Part I, line 12 and Part II, line 13 · · 22b 1,553 00		
22c	Subtract line 22b from line 22a · · · · · · · · · · · · · · · · · ·	22c	1,245 00
			•
23a	Available pre-2003 credit carryover - amount from Part III, line 16, column (d) · · · 23a 00		
23b	Enter the lesser of line 22a or \$500,000]	
23c	Subtract line 22b from line 23b - if the result is zero or less, enter zero · · · · · 23c 1, 245 00	1	
23d	Enter the lesser of line 23a or line 23c. This is the amount of pre-2003 carryover that you may use ••••••	23d	00
24	Subtract line 23d from line 23c · · · · · · · · · · · · · · · · · · ·	24	1,245 00
25	Enter the lesser of line 21, column (d) or line 24. This is the amount of post-2002 carryover that you may use •	25	00
		-	

Part VI Total Available Credit

26 Enter the current year's credit from Part V, line 22b · · · · · · · · · · · · · · · · · ·	 26	1,553 00
27 Credit carryover - add the amounts from Part V, line 23d and 25	 27	00
28 Total available credit - add lines 26 and 27. Enter total here and on Form 301, Part I, line 6 · · · · · ·	 28	1,553 00

NOTE: The amount of the credit carryover you may claim on your tax return may be further reduced if you claim other nonrefundable tax credits. See Form 301 for details.

AZ Form 305 (2007) Name: Manny FOREMAN DECD & SOPHIA HAPGO TIN: 400-00-7508 Page 3 of 3

	(a)	(b)	(c)	(d)
				Available carryover -
		Original credit	Amount	subtract column
	Taxable year	amount	previously used	(c) from column (b)
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
•	Total available			
39	carryover			

Dart VIII	Total	Available	Cradit

40	Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 3, column (b).			
	S corporation shareholders - enter amount from Part III, line 12.			
	Partners of a partnership - enter amount from Part IV, line 16 · · · · · · · · · · · · · · · · · ·	40	2,000	00
41	Available credit carryover - from Part VI, line 30, column (d)	41		nn

42	Total available credit. Add line 40 and line 41. Corporations and S corporations - enter total here and on Form 300,	
	Part I, line 3. Individuals - enter total here and on Form 301, Part I, line 3	,

•	41		00
	42	2,000	00

Pollution Control Credit

_	^	^	
٠,			
	u	u	

00

	045			Poliution Contro	or Credit		2	2007
	315	fiso	cal year beginning	For the calendar year 2	007 or and ending		7 7	
						·		
				Attach to your re	eturn.			
			PY, 140NR, 140X, 120, 120A, 1 ECD & SOPHIA		Social security number 400-00-750		r identification number	
Pai			ment and Calculation of speeded, attach a separat		Credit			
	(a)		I	(b)			(c)	
	Date property	placed		()		Total	cost of property us	sed
	in service or ex	xpected					duce pollution incur	
	to be placed in			Description		dı	uring the taxable ye	
1	02-02-20	06	SCRUBBERS FOR	PLANT			20,000	
2								00
4								00
5								00
6								00
7								00
8								00
9								00
10								00
11	Total - add lines	s 1 throu	gh 10 in column (c)	· • • • • • • • • • • • • • • • • • • •		. 11	20,000	00
							20,000	00
13	Total cost of po	llution co	ntrol equipment incurred of	luring the taxable year - a	dd lines 11 and 12 · · · · ·	- 13	20,000	00
					• • • • • • • • • • • • • • • • • • • •	- 14	2,000	
					• • • • • • • • • • • • • • • • • • • •	. 15	\$ 500,000	
16	Credit for curre	nt taxable	e year - enter the lesser of	line 14 or line 15 • • •		- 16	2,000	00
			take a credit pursuant to trol equipment by the amo	•	170 shall reduce the basis for depred	ciation or	amortization of the	;
Pai	rt II S Corporat	tion Cred	dit Election and Shareho	Ider's Share of Credit				
17	The S corporati		nade an irrevocable election	on for the taxable year end	ling	to:		
	Claim t	he pollut	on control credit as showr	on Part I, line 16 (for the	taxable year mentioned above);			
	O	R						
	Pass th	ne pollutio	on control credit as shown	on Part I, line 16 (for the t	axable year mentioned above) throu	ugh to its	shareholders.	
Signatu	ıre					<u> </u>	ate	
			•	•	0 separately for each shareholder.			
	Furnish each sh	nareholde	er with a copy of the comp	leted Form 315.				
18	Name of shareh	nolder						

19 Shareholder's TIN

AZ Form 315 (2007) Page 2 of 2 Name: Manny FOREMAN DECD & SOPHIA HAPG TIN: 400-00-7508 Part III Partner's Share of Credit Complete lines 21 through 23 separately for each partner. Furnish each partner with a copy of the completed Form 315. 21 Name of partner 22 Partner's TIN 00 Part IV Available Credit Carryover (a) (b) (c) (d) Available carryover -Amount Original credit Subtract column (c) previously used Taxable year amount from column (b) 24 25 26 27 28 Total available 29 carryover Part V Total Available Credit

30	Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 16.
	S corporation shareholders - enter the amount from Part II, line 20.
	Partners of a partnership - enter amount from Part III line 23

	· · · · · · · · · · · · · · · · · · ·		
	Partners of a partnership - enter amount from Part III, line 23	30	2,000 00
31	Available credit carryover - from Part IV, line 29, column (d)	31	00
32	Total available credit. Add line 30 and line 31. Corporations and S corporations - enter total here and on Form 300,		
	Part I, line 6. Individuals - enter total here and on Form 301, Part I, line 10 · · · · · · · · · · · · · · · · · ·	32	2,000 00

Credit for Employment of TANF Recipients

2	Λ	Λ	-
Z	u	u	•

	320	F	or the calendar year	2007	or			
		fiscal year beginning		and	ending	<u>.</u> .		
			Attach to you	rotur	n			
NAME(S	S) AS SHOWN ON FORM 140, 140	0PY, 140NR, 140X, 120, 120A, 12		retui	YOUR	SOCIAL SECURITY NUMBER		
					EMPL	OYER IDENTIFICATION NUM	BER	
	ny FOREMAN DECI	D & SOPHIA HAP	GOOD		40	0-00-7508		
Part I	Business Information	D						
1		NF BUSINESS 49 YURI WAY						
_		OENIX, AZ 8504	15					
3	Employer Identification Nu		984498					
Part II	Net Increase in Qualified	Employment Positions						
4	Average number of qualific	ed employment positions du	iring the current taxa	able ye	ear •••••		4	10
	Average number of qualific		-		-		5	5
6							6	5
7	·	e 6 that are eligible for any					7	1
8	Maximum number of posit	ions eligible for the credit: S	Subtract line / from li	ne 6	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	8	4
Part III	Qualifying New Employe	es						
9	New employees hired duri	0 ,					9	10
10	Qualified new employees						10	5
11	Maximum number of quali	fying net new employees: E	nter the smaller of li	ne 8 o	r line 10 · · ·	• • • • • • • • • • • • • • • • • • • •	11	4
Part IV	Credit Calculation for Qu	ualifying Employees						
			(a)		(b)	(c)		(d)
			No. of Qualifying					
			Employees	Qι	alifying Wages	Percentage	Allov	wable Credit
12	Qualifying Net New Emplo	yees 12	1	\$	2,000	25%	\$	500
	Previously Qualified Emplo		-		2,000			
	the Second Year of Contin	nuous						
		13	1	\$	2,500	33 1/3%	\$	833
14	Previously Qualified Emplo	•						
	the Third Year of Continuo					500/		
15	TOTALS	15	2	\$		50%	\$	1 222
13	TOTALS						_ φ	1,333
Part V	S Corporation Credit Ele	ction and Shareholder's S	Share of Credit					
16	The S corporation has ma	de an irrevocable election fo	or the taxable year e	nding:				
	to (check only one box):							
		nown on Part IV, line 15, col	umn (d);					
	OR	D (/ N // 1 / 1 / 3					
	Pass the credit, as sho	own on Part IV, line 15, colu	imn (d) through to its	s snare	enolders.			
	Signature		Title				Date	e
	If nassing the credit through	gh to the shareholders, com	nlete lines 17 throug	h 10 c	enarately for eac	•h		
		shareholder with a copy of			oparatory for cat			
			p					
17	Name of shareholder:							
	Shareholder's TIN:							
19	Shareholder's share of the	amount on Part IV line 15	column (d)				19	00

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SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NO.

400-00-7508

art VI	Partner's Share of Cred	ait				
	Complete lines 20 through	gh 22 separately for each p	artner. Furnish each partn	er with a copy of the completed Form	320.	
20	Name of partner:					
21	Partner's TIN:					
22	Partner's share of the an	nount on Part IV, line 15, co	olumn (d)		22	00
art VII	Available Credit Carryo	over			_	
	(a)	(b)	(c)	(d)		
	Carryover From	Original	Amount	Available Carryover:		
	Taxable Year Ending	Credit Amount	Previously Used	Subtract col. (c) from column (b).		
23	2002	\$	\$	\$		
24	2003	\$	\$	\$		
25	2004	\$	\$	\$		
26	2005	\$	\$	\$		
	1	l				

Part VIII Total Available Credit

2006

28 TOTAL AVAILABLE CARRYOVER......

27

NAME(S) AS SHOWN ON PAGE 1

Manny FOREMAN DECD & SOPHIA HAPGOOD

	Total / (Vallable el Call		
29	Current year's credit: Individuals, corporations, or S corporations that are claiming the credit,		
	enter the amount from Part IV, line 15, column (d). S corporation shareholders, enter the		
	amount from Part V, line 19. Partners of a partnership, enter the amount from Part VI, line 22 • • • • • • • •	29	1,333 00
30	Available carryover from Part VII, line 28, column (d)	30	00
31	Total available credit. Add lines 29 and 30. Enter the total here and on Form 300, Part I, line 9,		
	or Form 301, Part I, line 12	31	1,333 00

ADOR 91-5386 (07) 1024 AZ Form 320 (2007) Page 2 of 2

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NAME(S) AS SHOWN ON FORM 320, PAGE 1

Manny FOREMAN DECD & SOPHIA HAPGOOD

SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NO.

400-00-7508

Form 320-1 (2007)

Qualifying Employees

[(a)	(b)	(c)	(d)		(e)	
				Was this emp Arizona resid		Was this en receiving TAN	
	Employee's Name	Social Security Number	Date of Hire	date of h		on date of	
1	EMPLOYEE ONE	111-11-1111	01-01-2005	Yes	No	Y Yes	No
2	EMPLOYEE THREE	333-33-3333	01-01-2005	Yes	N No	Y Yes	No
3	EMPLOYEE FOUR	444-44-4444	01-01-2006	Yes	N No	Yes	N No
4				Yes	No	Yes	No
5				Yes	No	Yes	No
6				Yes	No	Yes	No
7				Yes	No	Yes	No
8				Yes	No	Yes	No
9				Yes	No	Yes	No
10				Yes	No	Yes	No
11				Yes	No	Yes	No
12				Yes	No	Yes	No
13				Yes	No	Yes	No
14				Yes	No	Yes	No
15				Yes	No	Yes	☐ No
16				Yes	No	Yes	No
17				Yes	No	Yes	No
18				Yes	No	Yes	No
19				Yes	No	Yes	No
20				Yes	No	Yes	No
21				Yes	No	Yes	No
22				Yes	No	Yes	No
23				Yes	No	Yes	No
24				Yes	No	Yes	No
25				Yes	No	Yes	No

If you have more than 25 qualifying employees, complete additional schedules.

Manny FOREMAN DECD & SOPHIA HAPGOOD

Form 320-2 (2007)

Qualifying Employees for Which You are Taking a Credit

	(a)	(b)		(c)		(d)		(e)	
			Check t	pe of Employ the appropria s employee is	ite box.	Total Wages Less Wages Subsidized as Provided by		Maximum Allowable Wages Enter the lesser of column (d) or the maximum allowed below.	
			1st Year	2nd Year	3rd Year	AR\$ 46-299 Paid to the	Year 1	Year 2	Year 3
	Employee's Name	Social Security Number	Employee c1	Employee c2	Employee c3	Employee During the Current Taxable Year	\$2000 e1	\$3000 e2	\$3000 e3
1	EMPLOYEE TWO	222-22-2222	x			2,000	2,000		
2	EMPLOYEE THREE	333-33-3333		x		2,500		2,500	
3									
4									
5									
6									
7									
8									
9									
10									
11									
- 1	TOTAL:								
	 For column (c), add the number of employees in each column c1, c2 and c3 and enter the total for each column on line 12. 								
	• For columns (d) and (e), add the amounts in each	12	1	1		\$ 4.500	\$ 2 000	\$ 2,500	\$

If you have more than 11 qualifying employees, complete additional schedules.

Credit for Employing National Guard Members

ARIZONA FORM	2007
--------------	------

3:	33					
•			For the calendar year 200	7 or		
		fiscal year beginning	and	ending		
			A 44 - a b 4 - a - a - a - a - a - a - a - a - a -			
NAME(C) AC C		I FORM 140, 140PY, 140NR, 140X, 120	Attach to your return	VOLID SOCIAL SECURITY NUMBER		
NAME(S) AS S	SHOWIN ON	1 FORM 140, 140PT, 140NR, 140A, 120	, 120A, 120S, 120A OR 165	YOUR SOCIAL SECURITY NUMBI OR EMPLOYER IDENTIFICATION		
Mannv	FORE	MAN DECD & SOPHIA	A HAPGOOD	400-00-7508		
Part I		ess Information				
1	Busines	s name: Smith and	Associates			
2	Busines		copa Avenue		_	
		Phoenix,			_	
3	Employ	er Identification Number:	12-3000456		_	
Part II	Credi	t Computation				
4	Number	of qualifying employees placed	on active duty during the cu	rrent taxable year	4	12
5					5	1,000 00
6	Multiply	the number on line 4 by the amo	ount on line 5		6 1	2,000 00
Part III	S Cor	poration Credit Election	and Shareholder's	Share of Credit		
7	The S c	orporation has made an irrevoca	ble election for the taxable	year ending		
		to (check on	ly one box:):			
	_					
	Clai	im the credit, as shown on Part II	, line 6 for the taxable year	mentioned above;		
	OR					
	Pas	s the credit, as shown on Part II,	line 6 for the taxable year r	nentioned above through to		
	its s	shareholders.				
						
	Signatu	re	Title	Date		
	16	41	halden annalstallas Oth			
		ng the credit through to the share				
	snarenc	older. Furnish each shareholder v	vith a copy of the completed	1 FORM 333.		
8	Nama	f charoholdor:				
9		f shareholder:				
		older's TIN:	ant II. lina C		10	
10	Snareno	older's share of the amount on Pa	artii, iiile b ••••••	• • • • • • • • • • • • • • • • • • • •	• • [10]	00
Dout IV	Deuts	aula Chaus of Cuadit				
Part IV		er's Share of Credit	for each partner Eurnich o	ach partner with a copy of the cor	malated Form	. 222
11	•		nor each parther, Furnish e	ach partifer with a copy of the cor	iipietea Fofff	
		f partner:			_	
12 13			lino 6		13	1001
13	Partner	s share of the amount on Part II,			• • 13	00

Continued on page 2 -

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00

12,000 00

Part V Available Credit Carryover

	Transit Citalit						
	(a)	(b)	(c)	(d)			
	Carryover From	Original	Amount	Available Carryover:			
	Taxable Year Ending	Credit Amount	Previously Used	Subtract column (c) from column (b).			
14	2006	\$	\$	\$			
15		\$	\$	\$			
16		\$	\$	\$			
17		\$	\$	\$			
18		\$	\$	\$			
19	TOTAL AVAILABLE C	ARRYOVER		\$			

Part VI Total Available Credit

Credit for Solar Energy Devices - Commercial and Industrial Applications

_	_	_	_
7	n	n	7
Z	u	u	•

				For the calendar year	r 2007 or					
		fiscal year b	eginning		and ending	9				
				Attach to your	return					
IAME	(S) AS SHOWN ON FORM 120, 120A	x, 120S, 120X, 1	40, 140PY,			YOUR SOCIAL SE EMPLOYER IDEN	CURITY	/ NUMBER	₹ OR BER	
Ma	nny FOREMAN DEC	D & SOI	PHIA H	IAPGOOD		400-00-	<u> 7508</u>	3		
2 Part	Has the taxpayer made an application and received an initial certification of the solar receive a Credit Certificate from the answer to either question	ation of the so ar energy de m the Arizon n 1 or question	olar energy vice was c a Departm on 2 is "No	y project?	ayer or this credit.	· · · · 2 🗓	NO	lete Forr	ກ 336.	
4	a credit			ayer installed solar en				. 3	1 1	
			ВІ	(a) JILDING 1	ı	(b) BUILDING 2			(c) BUILDING 3	
5	Enter the address of the			e Blossom						
	building on which the device	Mes					\perp			
c	was installed • • • • • •	· · 5 AZ	<u>85201</u>				_			
ь	Enter the Department of Commerce Credit Certificate									
		6 777	4001							
	Number For the Device • • •	••• //3	14001							
7	Enter the installed cost of the	device • • 7	\$	250 .00	\$	(00	\$.00
•	Enter the instance cost of the	device - 1	1	2.50 .00	Ψ		,,,	Ψ		.00
8	Credit Factor • • • • • • •	8	\$.10	\$		10	\$.10
	Multiply the amount on line 7 b									
	percentage on line 8. Enter									
	the result • • • • • • • • • • • • • • • • • • •	9	\$	25 .00	\$.(00	\$.00
	Maximum Credit Per Building		\$	25,000.00	\$	25,000.0	0	\$	25,00	0.00
11	In columns (a) through (c), ent									
	lesser of the amount on line 9,			25 00		,	,			00
	the amount on line 10 · · · ·	• • • • 11	\$	25 .00	\$.(00	\$.00 T
12	Add the amounts on line 11 in	each colum	n and ente	r the result	· • • • • • •			. 12	2	5 00
13	Enter the total from continuation	on sheets if a	applicable					- 13		00
14	Add the amount on line 12 to t	the amount o	n line 13.	Enter the total • • •		• • • • • • • • •		- 14	2	5 00
15	Maximum allowable credit •	• • • • • •	• • • • •			• • • • • • • • •		- 15	50,000	00
16	Enter the smaller of line 14 or	line 15 -						. 16	2	5 00

SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NO. 400-00-7508

Pa	rt III: Allowable Credit Transferred to You as a Third Party			
17	Credit Limitation: Subtract the amount on line 16 from the amount on line 15. If "zero" or less,			
18	skip Part III • • • • • • • • • • • • • • • • •	17	<u>49,975</u>	00
19	Allowable Credit to Third Party: Enter the smaller of line 17 or line 18	19		00
	art IV: Taxpayer Third Party Election be completed by all taxpayers that had the solar energy device installed.			
20	The taxpayer has made an irrevocable election for the taxable year ending: to (check only one box):			
	Claim the credit for solar energy devices listed on Part II. OR -			
	Allow a third party to claim the credit.			
	Signature Title Date			
	If you had more than one device installed, and are transferring those credits to different third parties, please complete a separate Form 336 for each third party for which the election is made.			
21	Name of third party:			
22	Third Party's TIN:			
23	Commerce Credit Certificate Number for the device for which you are transferring the credit:			
24	Amount of credit to be transferred to third party for the device noted on line 23. This amount must equal the amount entered on Form 336, Part II, line 11 for that particular device	24		00
25	If only one third party, enter the amount on Part IV, line 24 here. If more than one third party, enter the total transferred to all third parties here	25		00
Da	art V: Current Year's Credit			
26	Enter the amount from Part II, line 16 · · · · · · · · · · · · · · · · · ·	26	25	00
27	Enter the amount from Part III, line 19 · · · · · · · · · · · · · · · · · ·	27		00
28	Add the amount on line 26 to the amount on line 27. Enter the total	28	25	00
29	Enter the amount from Part IV line 25	29		00

Continued on page 3 _

25 00

30

30 Subtract the amount on line 29 from the amount on line 28 \cdots

	AME(S) AS SHOWN ON PAGE 1	DECD & SOPHIA	HAPGOOD		SECURITY OR EMPLO 00-7508	OYER IDENTIFIC	ATION NO.
31	The S corporation has man to (check only one box): Claim the credit for sol - OR -	on Credit Election a de an irrevocable election f lar energy devices as show ar energy devices as show hareholders.	or the taxable year ending	e taxable year mention			
	Signature		tle	<u>D</u>	ate		
	If passing the credit throug	gh to the shareholders, com	nplete lines 32 through 34 s				
	Shareholder's TIN:						
		amount shown on Part V,	line 20			34	00
35 36	Name of partner: Partner's TIN:	hare of Credit separately for each partner					Loo
		ount on Part V, line 30 ••	• • • • • • • • • • • • • • • • • • • •			37	00
Ра	rt VIII: Available C (a) Carryover From Taxable Year Ending	(b) Original Credit Amount	(c) Amount Previously Used	Available C Subtract column (c	Carryover:		
38	2006	\$	\$	\$			
39		\$	\$	\$			
40		\$	\$	\$			
41		\$	\$	\$			
42		\$	\$	\$			
43	TOTAL AVAILABLE CARF	RYOVER••••••		\$			
44	S corporation shareholdPartners of a partnersh	or S corporations: Enter the ders: Enter the amount fror ip: Enter the amount from F	n Part VI, line 34.	30		44	25 00
	Available credit carryover			• • • • • • • • •	• • • • • • •	45	00
46	• Individuals: Also enter t	d the amount on line 44 to the amount from Part IX, line S corporations that are class 200 line 16	ne 46 on Form 301, line 21.		•••••	46	25 00

Credit for Donation of School Site

_	_	_	
_	^	^	
-,			_
_			

331

	For the calendar year 2007 or	
fiscal year beginning	and ending	

	For the calendar year 2007 or	
fiscal year beginning	and ending	

Attac	h to	your	return
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Name(s) as shown on Form 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120 Manny FOREMAN DECD & SOPHIA HAPG		Social security number or employer identification number $400-00-7508$					
The donated real property and improvements must be located in <i>i</i> the credit is claimed. See instructions.	Arizona. The credit is in lieu of	a deduction for the donation	of the property for which				
Part I Donated Property Information and Calculation of Co	urrent Taxable Year's Credit						
	Property 1	Property 2	Property 3				
1 Arizona county in which the property is located • • • • •	1 MARICOPA						
2 Parcel number of property · · · · · · · · · · · · · · · · · · ·	2 2349789877342	8					
3 Date of property conveyance · · · · · · · · · · · · · · · · · · ·	3 12-12-2006						
4 Recording number of property conveyance · · · · · ·	4 3289338929832	8					
5 Value of property based on qualified certified appraisal •	5 15,006	00 00	00				
6 Multiply the amounts on line 5 in each column by							
30 percent (.30)	6 4,502	00 00	00				
7. Add the constitute on line C in each column contact the total		7 4 500 00	ה				
7 Add the amounts on line 6 in each column - enter the total		7 4,502 00 8 00	4				
8 Total from continuation sheets, if applicable9 Current taxable year's credit - add lines 7 and 8		• 0					
3 Current taxable years credit - add lines 7 and 6			9 4,502 00				
OR Pass the credit for donation of school site as shown on Page 1. Pass the credit for donation of school site as shown on Page 2. Pass the credit for donation of school site as shown on Page 2. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pass the credit for donation of school site as shown on Page 3. Pa			to its shareholders.				
Signature Title		Date					
If passing the credit through to the shareholders, complete lines 1 of the completed Form 331.	1 through 13 separately for ea	ach shareholder. Furnish each	າ shareholder with a copy				
11 Name of shareholder							
42 Charabaldada TIN							
13 Shareholder's share of the amount on Part I, line 9 · · ·			13 00				
Part III Partner's Share of Credit							
Complete lines 14 through 16 separately for each partner. Furnish	n each partner with a copy of the	he completed Form 331.					
14 Name of partner							
45 Dente alla TINI							
16 Partner's share of the amount on Part I, line 9 · · · · ·			16 00				

AZ Form 331 (2007) Name: Manny FOREMAN DECD & SOPHIA HAP TIN: 400-00-7508 Page 2 of 2

Part IV Available Credit Carryover

	(a)	(b)	(c)	(d)
				Available carryover -
		Original credit	Amount	Subtract column (c)
	Taxable year	amount	previously used	from column (b)
17				
18				
19				
20				
21				
22	Total available carryover			

Part V Total Available Credit

23	Current year's credit. Individuals, corporations, or S corporations - enter the amount from	n		
	Part I, line 9. S corporation shareholders - enter the amount from Part II, line 13.			
	Partners of a partnership - enter the amount from Part III, line 16 · · · · · · · · · ·			00
24	Available credit carryover - from Part IV, line 22, column (a)	24	-	00

Arizona Department of Revenue E-file Signature Authorization

2007

AZ-8879	E-file Signat	ure	Aut	horiz	ati	on								
YOUR FIRST NAME AND INITIAL		LAST	NAME						١	YOUR	R SOCI	AL SE	CURIT	Y NO.
Manny		FOREMAN					40	0-0	00-	750	8			
IF A JOINT RETURN, SPOUSE'S FIRST NAME	AND INITIAL		NAME	-										JRITY NO.
SOPHIA		HAI	PG001)						40	0-0	00-	981	9
PART I PURPOSE				-					•					
• To certify the truthfulness, correctness	s, and completeness of the tax	payer	's electr	onic inco	ome ta	ax retur	'n.							
To authorize the Electronic Return O	iginator (ERO) to affirm that the	e taxp	ayer wi	shes to ι	use th	e taxpa	yer's	electr	onic s	ignaf	ture t	o the	taxpa	yer's
federal individual income tax return a	s the taxpayer's signature to th	e taxp	ayer's e	lectronic	c Arizo	ona ind	ividu	al inco	me ta:	x retı	urn.			
PART I - TAX RETURN INFORMATION			PART	II - FINA	NCIA	L INST	ΓΙΤU	TION I	NFOR	MAT	ΓΙΟΝ	-		
			Must b	e presei	nt whe	en requ	estin	g direc	t debi	t or c	depos	sit.		
1 Arizona Adjusted Gross Income 1 1	7,343 00		TYPE O	F ACCOU	INT			ROU	TING N	NUMB	BER			
2 Balance Of Tax · · · · · · 2	00		X Che	cking		Savings	;	0	2 1	. 2	3	4	5 6	7
3 Arizona Income Tax Withheld • 3	5,000 00		ACCOU	NT NUME	ER									
Check box 4 or box 5:			1 2	3 1	2	3 1	2	3						
4 X REFUND. Enter the amount of refund	4 5,000	00	DIRECT	DEBIT R	EQUES	ST DATE			RECTI	DEBIT	T PAYI	MENT	AMOUN	
5 AMOUNT YOU OWE. Enter the amount ov	ved 5	00						」\$						00
Box 4 Checkbox - Refund: You are du	e a refund based on the inform	nation	provide	d on you	ır tax	return.	Your	refund	d amo	unt w	vill be	depo	osited	in the
account listed in the Financial Institution	Information Section (Part II).													
Box 5 Checkbox - Amount You Owe:	You owe taxes based on the in	nforma	ation pro	vided o	n you	r tax ret	turn.	You ha	ave ele	ected	d to d	irect (debit f	or
payment. The payment will be withdraw	n from the account and on the o	date li	sted in t	ne Finar	ncial I	nstitutio	n Inf	ormati	on Se	ction	(Par	t II).		
PART III DECLARATION AND SIGNA	TURE AUTHORIZATION (Sig	n only	y after c	omplet	ing Pa	art II)								
Under penalites of perjury, I declare that I have ex	amined a paper copy of my electronic	Arizon	a individu	al income	tax ret	urn and a	accom	panying	sched	ules a	ind sta	temen	ts	
for the year ending December 31, 2007, and to the	e best of my knowledge and belief, it is	s true,	correct, ar	d comple	te. I fur	ther decl	are tha	at the ar	nounts	of Aria	zona			
adjusted gross income, total tax, Arizona income	ax withheld, and refund (or amount ov	wed) lis	ted above	are the a	mounts	shown o	on the	paper c	opy of ı	my ele	ectroni	С		
Arizona income tax return.														
21	ctly deposited as designated in the ele e appointment of the other spouse as a					a individi	ial inc	ome tax	return.	If I ha	ave file	аа		
6b I do not want direct deposit of m	y refund or I am not receiving a refund	d.												
entry to the financial institution a	ent of Revenue (DOR) and its designate account indicated in the tax preparation I in the processing of the electronic pate payment.	n softwa	are for pag	ment of n	ny Arizo	ona taxes	s owed	d on this	return.	. I also	autho	orize		
If I have filed a balance due return, I understand the tax liability and all applicable interest and per return, the electronic portion of my state return w	alties. When electronically filing my fe													
I consent to my Electronic Return Originator (ERC schedules and statements to DOR, and I consent OLSP and/or transmitter an acknowledgement of is rejected, the reason(s) for the rejection. If the p reason(s) for the delay, or when the refund was s rization form, I authorize my ERO to release copie	to my ERO or OLSP sending such inforeceipt of transmission and an indication rocessing of my return or refund is delent. If DOR contacts my ERO for a copens.	ormation of wayed, I	on to DOR hether or authorize	through a not the tra DOR to d	transn ansmiss isclose	nitter. I co sion of m to my El	onsen y retur RO, O	t to DOF n is acc LSP and	R sendir cepted a d/or trar	ng my and, if nsmitte	ER0, f the reserved	eturn		
I authorize John Smith	tc	make	the election	n that I w	ant my	electroni	ic sign	ature to	my ele	ctroni	ic fede	ral indi	ividual	
(ELECTRONIC RETU	RN ORIGINATOR)													
income tax return to serve as my signature to my ERO makes the election that my electronic signar will have signed my Arizona individual income tax and complete. I further understand that if my ERO Arizona individual income tax return, I will need to	ture to my federal individual income tax return and declared under penalites of D fails to make the election of my elect	x return of perju	will serve ry that to t	as my sig he best of	gnature f my kn	e to my A owledge	rizona and b	individu elief the	ıal inco return	me ta: is true	x retur e, c	n, I		
P														
i				_	<u> 10-</u>	09-2	<u> 20</u> 0	7_				_		
YOUR PEN AND INK SIGNATURE SE SE SPOUSE'S PEN AND INK SIGNATURE					DATE							-		
-					10-	09-2	200	7						
G SPOUSE'S PEN AND INK SIGNATURI					TO-	<u>09-2</u>	_ 0 0	,				-		

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Claim for Refund on Behalf of Deceased Taxpayer

2007

Refund claim for calendar year <u>2007</u> or other tax year b	eginning		and ending	·	
PLEASE PRINT OR TYPE					
1 DECEDENT'S NAME (last, first, middle initial)	2 DATE OF DEATH		3 DECEDENT'S SO	OCIAL SECURITY NO.	
FOREMAN, Manny	10-15-20		400-00-		
4 NUMBER AND STREET (permanent residence or domicile on date of death)	5 CITY, STATE, ZIP		1 400 00	7500	
4664 COUSINS PL	LAKE HAV		CITY, AZ	86403	
6 NAME OF PERSON CLAIMING REFUND (last, first, middle initial)	7 RELATIONSHIP TO DE			CIAL SECURITY OR FEDERAL I.D.	NO.
HAPGOOD, SOPHIA	SPOUSE		400-00-9		
9 NUMBER AND STREET OF PERSON CLAIMING REFUND	10 CITY, STATE, ZI	P CODE	1 400-00-3	9019	
4664 COUSINS PL	LAKE HAV		CITY, AZ	86403	
11 I am filing this claim as (check only one box):	LANE HAV	I I		OR USE ONLY	_
a X Surviving spouse claiming a refund based on a joint return.			FOR D	OR USE CINLT	
b Court Appointed Personal Representative for the decedent's est	ate				
Attach a court certificate (issued after death) showing your appo					
c Person other than 11a or 11b claiming refund for the decedent's					
Complete Schedule A below, and attach a copy of the death cer		l			
or proof of death. Please attach requested information and sign		88			
If you checked box 11c, complete Schedule A.	201011.				—
ii you oncoked box 110, complete conedule 71.					
		81		80	
SCHEDULE A: Complete only if you checked box (c) above.				YES	NO
12 Did the decedent leave a will?					
Has a personal representative been appointed for the estate of t	the decedent? • •	• • • •	• • • • • • • •	• • • • • • • •	Ш
b If "No", will one be appointed? • • • • • • • • • • • • • • • • • • •					П
If you answered "Yes" to 12a or 12b, do not file this form. The p	ersonal representative	e should	file for the refund	L	
,					
13 As the person claiming the refund for the decedent's estate, will you	pay out the refund ac	cording	to the laws of the		
state where the decedent was a legal resident?					
If you answered "No", a refund cannot be made until you submit a co	ourt certificate showing	a vour a	ppointment as		
personal representative or until you submit other evidence that you a				i .	
F		- 10111		-	
I request a refund of taxes overpaid by, or on behalf of, the decedent.	I, the undersigned cla	aimant, c	ertify under all pe	nalties, fines and forfeitures	
imposed by law for the making of false or fraudulent claims against the	=		-		
that the statements made herein have been examined by me and that			ŭ	•	
			,	•	
		02	-10-2007		
Signature of Person Claiming Refund		Date			_

Instructions

- Attach this form to the front of the income tax return that would have been filed if the decedent had lived.
- If the refund is issued in the name of the decedent, it may be cashed with the endorsement of the executor or administrator of the estate.
- Attach any required documents, certificates, etc., to this form.
- For military personnel, the original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of the decedent's death while in active service, or a death certificate issued by the Department of Defense will be sufficient proof of death.
- As the surviving spouse or personal representative, you may be required to file a fiduciary return (Form 141AZ) for the decedent's estate. For further information concerning this form, call (602) 255-3381, or toll-free from area codes 520 and 928, call (800) 352-4090.

D1 8/27/07

ARIZONA FORM 334

Credit for Motion Picture Production Costs

_	^	^	
٠,	"		
	u	u	•

	For the calendar year 2007 or
fiscal year beginning	and ending

Attach your motion picture credit forms and your Department of Commerce pre-approval and post-approval forms to your return

	e(s) as shown on Form 140, 140PY, 140NI nny FOREMAN DECD {			Social security number or employer identification number $400-00-7508$				
Part I	Individual who will Maintain	Records of Expenditures in Arizo	ona					
Name	Pocahontas Smith	h	Telephone nui	mber: 855-000-1234				
Addre	ss: <u>115 Hollywood B</u>	lvd						
	Aptos	CA 95001						
Part II	Listing of Post-Approved Production Picture Production Con							
	empleted productions for which you ctions, attach additional schedules		nmerce pre-approval and post-a	approval. If you have more than five completed				
	Department of Com	(a)	un cal la fa una ati a u	(b)				
	(a)1	nmerce Pre-Approval and Post-App (a)2	roval information (a)3					
			Post-Approval					
	Pre-Approval Date	Post-Approval Date	Number	Approved Credit Amount				
1	01-01-2006	10-31-2007	1357-900	100,000 00				
2				00				
3				00				
4				00				
5				00				
6	Subtotal of approved credit amount	unts · · · · · · · · · · · · · · · · · · ·		100,000				
7	Aggregate total from all additiona	al schedules • • • • • • • • • • • • • • • • • • •						
8	Total - add lines 6 and 7 • • •			100,000 00				
Part II	II Calculation of Available Cred	dit						
9	Total original credit from completes	d productions. Enter total amount fr	om Part II line 8	9 100,000 00				
10	Credit transfers received this year.	Enter total amount from attached F	Form(s) 334-1,	= 30,000				
11	column (e), line 5 · · · · · · · · · · · · · · · Subtotal - add lines 9 and 10. Ente	er the result here		10 00 11 100,000 00				
				100,000				
		ar. Enter total from attached Form(s		12 99,000 00				
	* *	rom line 11 and enter the total. If the		39,000 00				
	than zero, enter zero · · · · ·			1,000 00				

Part V Partner's Share of Credit

Complete lines 18 through 20 separately for each partner.

Furnish each partner with a copy of the completed Form 334.

18	Name of partner	
19	Partner's TIN	

20 Partner's share of the available credit from Part III, line 13

00

Part VI Available Credit Carryover

	Γ	(a)	(b)	(c)	(d)	(e)	(f)
21	Allocation year - see instructions						
22	Original credit amount						
23	Credit transfers received						
24	Available credit - Add lines 22 and 23.						
25	Amount previously used						
26	Credit transferred to other taxpayer(s)						
27	Amount unallowable - see instructions						
28	Available carryover - subtract lines 25 through 27 from line 24						
29	Total available carryover						

Part VII Total Available Credit

30	Current year's available credit. Individuals, corporations, or S corporations that are claiming the credit -			
	enter the amount from Part III, line 13. S corporation shareholders - enter the amount from Part IV, line 17.			
	Partners of partnerships, enter the amount from Part V, line 20 · · · · · · · · · · · · · · · · · ·	30	1,00	00 00
31	Available credit carryover - enter the amount from Part VI, line 29, column (f)	31	-	00
32	Total available credit. Corporations and S corporations - enter total here and on Form 300, Part I, line 14.			
	Individuals - enter total here and on Form 301, Part I, line 20 · · · · · · · · · · · · · · · · · ·	32	1,00	00 00

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use IRS e-	file	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2	Federal income tax withheld
93-1422446			17,400		2,100
C Employer's name, address, and ZIP code			3 Social security wages	4	Social security tax withheld
MEXICO AVENTURAS			17,400		1,079
			5 Medicare wages and tips	6	Medicare tax withheld
RIO LERMO NO 1665 810	00 XALAPA		17,400		252
VERACRUZ, Mexico	•		7 Social security tips	8	Allocated tips
d Employee's social security number			9 Advance EIC payment	10	Dependent care benefits
400-00-7508					
e Employee's first name and initial Las	t name	Suff.	11 Nonqualified plans	12a C 00 e	See instructions for box 12
MANNY FOREMA	N		13 Statutory Retmnt. Third-party sick pay	12b C 0	
4664 COUSINS PL			14 Other	120	;
LAKE HAVASU CITY	AZ 864	0.3		ğ	
				120	1
				Coge	
f Employee's address and ZIP code					
	rages, tips, etc. 17 State	e income tax	18 Local wages, tips, etc. 19 Local inc	come	tax 20 Locality name
	17,400	5,000			
1		3,000			
i				7	

2007

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internal Revenue Service

The information on the Form W-2 was used to prepare the taxpayer's 2007 Freturn by John Smith.



	VOID	ORRECTED		
PAYER'S name, street address, city, stat	e, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or
Lumpey Distributi 1077 West Yarwood		\$ 3,800 2a Taxable amount	2007 Form 1099-R	Retirement or Profit-Sharing Plans, IRAS, Insurance Contracts, etc.
Salt Lake City	UT 84101	2b Taxable amount not determined	Total distribution X	Copy A
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	Internal Revenue Service Center
55-4433333	400-00-9819	\$	\$	File with Form 1096.
RECIPIENT'S name	100 00 001	5 Employee contributions /Designated Roth contributions or insurance premiums/	6 Net unrealized appreciation in employer's securities	For Privacy Act and Paperwork Reduction Act
SOPHIA HAPGOOD Street address (including apt. no.)		7 Distribution IRA/ SEP/ SIMPLE	8 Other	Notice, see the 2007 General Instructions for
4664 COUSINS PL City, state, and ZIP code LAKE HAVASU CITY	AZ 86403	9a Your percentage of total distribution %	\$ 9b Total employee contributions \$	% Forms 1099, 1098, 5498, and W-2G.
	st year of desig. Roth contrib.	10 State tax withheld \$	11 State/Payer's state no. AZ 55-4433333	12 State distribution \$ 3,800
Account number (see instructions)		13 Local tax withheld	14 Name of locality	15 Local distribution \$
567000123		\$		\$

Form 1099-R

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by John Smith.

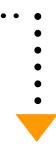
	VOID CO	RRECTED		
PAYER'S name, street address, city, sta	te, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From ensions, Annuities, Retirement or
Railroad Retireme 1750 Grant Avenue		\$ 1,500 2a Taxable amount \$ 1,500	2007 Form 1099-R	Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Chicago	IL 60601	2b Taxable amount not determined	Total distribution	Copy A
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	Internal Revenue Service Center
60-0555555	400-00-9819	\$	\$	File with Form 1096.
RECIPIENT'S name SOPHIA HAPGOOD		5 Employee contributions //Designated Roth contributions or insurance premiums/ \$	6 Net unrealized appreciation in employer's securities	For Privacy Act and Paperwork Reduction Act Notice, see the
Street address (including apt. no.)		7 Distribution SEP/SIMPLE	8 Other	2007 General Instructions for
4664 COUSINS PL City, state, and ZIP code LAKE HAVASU CITY	AZ 86403	7 9a Your percentage of total distribution %	\$ % 9b Total employee contributions \$	1098, 5498, and W-2G.
	1st year of desig. Roth contrib.	10 State tax withheld \$	11 State/Payer's state no. AZ 60-0555555	12 State distribution \$ 1,500
Account number (see instructions)		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$
		ΙΨ		Ψ

Form 1099-R

The information on the Form 1099R was used to prepare the taxpayer's 2007 Federal tax return by John Smith.

Test 7509 Form 140A





SSN: 400-00-7509

Description: Short Form, Head of Household, 4 dependents, Direct Deposit

Arizona Information:

Forms used: Form 140A, Schedule I, Form AZ-8879

Other:

Clean Election Deduction = 5 Routing Number: 422166894

Clean Election Fund Tax Credit = 20 Checking Acct #: 776538411

Contributions to the following check-off funds: AZ Wildlife: 2, Citizens' Clean Elections: 3, Child Abuse Prevention: 4, Domestic Violence Shelter: 5, National Guard Relief: 6, Neighbors Helping Neighbors: 7, Special Olympics: 8, Veterans' Fund: 9, Political Gift (Democratic Party): 50, Total contributions: 94

Income Information:	Total
Wages from two W-2 Forms	25,500
Interest	50
Federal AGI	25,550

Preparer Information:

Name = John E Plessy Firm = The Accounting Company Address = 235 Business Street, Tempe, AZ 85280 Phone = 480-524-2922 Self Employed = Yes SSN = 400-25-9505 EIN = 88-6868687 ARIZONA FORM 140A

Resident Personal Income Tax Return (Short Form)

Do not use this form if your Arizona taxable income is more than \$50,000.

7	Λ	Λ	7
4	u	u	•

If your Arizona taxable income is \$50,000 or more, you must use Arizona Form 140.

	YOU	R FIRST NAME AND INITIAL	LAST NAME				YOUR SO	CIAL SI	ECURI [*]	TY NO. (required)
	1	TEST Z	SHORTY				400-			
		OINT RETURN, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME				SPOUSE'S	SOCI	AL SEC	CURITY NO. (required)
	1									
	PRES	SENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO	DAYTIME PHO	NE (with area	a code)		89 X			
	2	12 QUEEN OF HEARTS BLVD		·524-0			Check th	sic bo	v if	
		E ADDRESS CONTINUED	HOME PHONE	(with area co	ode)					
	2		94				82F F	iling	unde	r extension
			CODE				FOR DOF	RUSE	ONLY	
	3	<u>TEMPE, AZ 85280</u>								
s	4 [Married filing joint return			-					
t a	Г	_	UEL SHO	RTY	-					
t	6	Married filing separate return. Enter spouse's Social Security Number above			-					
u S	۱ ـ ۱	and full name here			-					
_	7 _	Single 8 0 0 Age 65 or over (you and/or spouse)			-					
t i	num				88					
o n		ned. Do	or englise							
s		but a but a line but a	•		81			80		
	THIS	S BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA F	ROM YOUR	12 Federal	adjusted gro	ss income			12	25,550 00
`	KEI	URN		13 Age 65 over				00		20,000
				14 Blind	14			00		
1				15 Depend	lents 15		9,200	00		
;		MINI DI CONTINUE D	II.	16 Qualifying parents	ng • • 16		·	00		
•					ıbtractions. A	dd lines 13	through 16	• [17	9,200 00
N-		III TEEDRORAE DALLAGERAS NAAMAD ISON ROO BASANA EYEN YANGEELI		18 Arizona	AGI. Subtrac	ct line 17 fro	om line 12	• •	18	16,350 ⁰⁰
				19 Standar	d deduction	• • •		• • [19	8,745 00
				20 Persona	al exemptions			· • [:	20	4,200 00
,			!!	21 AZ taxa	ble inc. Line	18 minus li	nes 19 & 20	· • :	21	3,405 00
,					m Optional Ta	_			22	89 00
3				23-24 23 1	X YOURSI	ELF 23 2	SPOUSI		24	5 00
				25 Reduce	ed tax. Subtra	act line 24 f	rom line 22		25	84 00
)		Family income tax credit from worksheet on page 8 of instruction	s • • • • •	• • • • •		• • • •			26	00
3		Subtract line 26 from line 25. If less than zero, enter zero Clean Floations Fund Tay Credit From workshoot on page 0 of the	ho instruction		• • • • •	• • • •			27	84 00
3		Clean Elections Fund Tax Credit. From worksheet on page 9 of t Balance of tax. Subtract line 28 from line 27. If line 28 is more that			• • • • •	• • • •			28	20 00
•		Arizona income tax withheld during 2007 • • • • • • • • • • • • • • • • • •		ei Zeio •		· · · ·	900		29	64 00
		Amount paid with 2007 Arizona extension request (Form 204)			30		900	00		
1		Increased Excise Tax Credit from worksheet on page 9 of the ins	tructions •		31			00		
	I ~-	Property Tax Credit from Form 140PTC · · · · · · · · · · · · · · · · · · ·			33			00		
1	34	Total payments/credits. Add lines 30 through 33 · · · · · · ·				• • • •			34	900 00
;	35	TAX DUE. If line 29 is larger than line 34, subtract line 34 from lin	e 29, and ent	er amount	of tax due.	Skip line	36 •		35	00
1	36	OVERPAYMENT. If line 34 is larger than line 29, enter amount of	overpayment	<u> </u>	<u></u>	<u></u> .	<u></u>		36	836 00
>	37 -	46 Voluntary Gifts to: AID TO EDUCATION (entire refund only)	00 ARIZO	NA WILDLIFI	E •••	- 38	2	00		
١		CITIZENS CLEAN ELECTIONS • 39		ABUSE PRE		• 40	4	00		
r M		DOMESTIC VIOLENCE SHELTER 41	5 00 NATIO	NAL GUARD F FUND		• 42	6	00		
=		NEIGHBORS HELPING NEIGHBORS • • • • 43		AL OLYMPIC	s ···	• 44	8	_		
١		VETERANS' DONATIONS FUND • 45		ICAL GIFT		• 46		00		
	47	Check only one if making a political gift: 471 X Democratic	: 472 Lik	pertarian	473	Republi	can	L		_ 1
1	48	Total voluntary gifts: Add lines 37 through 46			• • • • •	• • • •	• • • • •		48	94 00
	49	REFUND. Subtract line 48 from line 36. If less than zero, enter ar Direct Deposit of Refund: See instructions.	nount owed or		 1	• • • •	• • • • •	ŀ	49	742 00
₹		Direct Deposit of Refund: See instructions. ACCOUNT NUMBER ACCOUNT NUMBER			Checking o	r				
		98 021234567 123123123		S 22 - chuda ciua	Savings				_	00
	50 「	AMOUNT OWED. Add lines 35 and 48. Make check payable to Arizona Depart Payment enclosed. Check the box and attach payment. Placeholder of the payment and attach payment.				nt.		Ŀ	50	
	L	a.jone one occur. one occur and attach payment. F		O. CLIID	eaun.					
		PLEASE BE SURE	TO SIGN TH	E RETURN	ON PAGI	Ξ2.				
									F4	- 0-f 0

D1 - 8/28/07
YOUR SOCIAL SECURITY NO.

A: Dependents and Qualitying F	Parents - do not list yourself or	spouse			
List children and other dependents	s. If more space is needed, attac	h a separate sheet.	NO. OF MONTHS LIVED		
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	IN YOUR HOME IN 2007		
SAMUEL SHORTY	400-55-3012	SON	12		
MARY SHORTY	400-55-4012	DAUGHTER	12		
GEORGE SHORTY	189-81-9198	SON	12		
				- - -	
Enter total number of persons liste a Enter the names of the depen	ed in A1 here and on page 1 of th dents listed above who do not qu	·	· · · · · · · · · TOTAL	A2	4
h Enter dependents listed show	e who were not claimed on your f	ederal return due to educa	ation credits:] -	
List qualifying parents and ancesto	ors of your parents. If more space	e is needed, attach a sepa]	
List qualifying parents and ancestor You cannot list the same person his parent or ancestor of your parents FIRST AND LAST NAME	ors of your parents. If more space lere and also on line A1. For info	e is needed, attach a sepa]	
List qualifying parents and ancestr You cannot list the same person h parent or ancestor of your parents FIRST AND LAST NAME	ors of your parents. If more space pere and also on line A1. For info	e is needed, attach a sepa rmation on who is a qualif	NO. OF MONTHS LIVED IN YOUR HOME IN 2007	A5	0
List qualifying parents and ancester You cannot list the same person h parent or ancestor of your parents FIRST AND LAST NAME Enter total number of persons lister	pors of your parents. If more space are and also on line A1. For info is, see page 6 of the instructions. SOCIAL SECURITY NO. and in A4 here and on page 1 of the instruction in the i	RELATIONSHIP is form, box 11	NO. OF MONTHS LIVED IN YOUR HOME IN 2007]	0
List qualifying parents and ancester You cannot list the same person in parent or ancestor of your parents FIRST AND LAST NAME Enter total number of persons liste B: Last Name(s) Used in Prior Name I have read this return and any attachment and complete. Declaration of preparer (other	pors of your parents. If more space are and also on line A1. For info is, see page 6 of the instructions. SOCIAL SECURITY NO. and in A4 here and on page 1 of the space of the instructions. Social security no. The security is a specific to the instructions. Social security no.	RELATIONSHIP is form, box 11 used in current year clare that to the best of my know atton of which preparer has any	NO. OF MONTHS LIVED IN YOUR HOME IN 2007 TOTAL wledge and belief, they are true, corknowledge. DEALER]	0
List qualifying parents and ancester You cannot list the same person h parent or ancestor of your parents FIRST AND LAST NAME Enter total number of persons liste B: Last Name(s) Used in Prior Y	pors of your parents. If more space are and also on line A1. For info is, see page 6 of the instructions. SOCIAL SECURITY NO. and in A4 here and on page 1 of the space of the instructions. Social security no. The security is a specific to the instructions. Social security no.	RELATIONSHIP is form, box 11 • • • used in current year clare that to the best of my know ation of which preparer has any	NO. OF MONTHS LIVED IN YOUR HOME IN 2007 TOTAL wledge and belief, they are true, corknowledge. DEALER OCCUPATION	J	0
List qualifying parents and ancester You cannot list the same person in parent or ancestor of your parents FIRST AND LAST NAME Enter total number of persons lister B: Last Name(s) Used in Prior Name I have read this return and any attachment and complete. Declaration of preparer (other	pors of your parents. If more space are and also on line A1. For info is, see page 6 of the instructions. SOCIAL SECURITY NO. and in A4 here and on page 1 of the space of the instructions. Social security no. The security is a specific to the instructions. Social security no.	RELATIONSHIP is form, box 11 used in current year clare that to the best of my know atton of which preparer has any	NO. OF MONTHS LIVED IN YOUR HOME IN 2007 TOTAL wledge and belief, they are true, corknowledge. DEALER	J	0

YOUR NAME AS SHOWN ON PAGE 1

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Arizona Department of Revenue E-file Signature Authorization

2007

AZ-88	5/9 ∟ -11	le Signature Authorization	
YOUR FIRST NAME	AND INITIAL	LAST NAME	YOUR SOCIAL SECURITY NO.
TEST Z		SHORTY	400-00-7509
	, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
To authorize the state of	ruthfulness, correctness, and completence Electronic Return Originator (ERO)	eness of the taxpayer's electronic income tax return. to affirm that the taxpayer wishes to use the taxpayer	
		s signature to the taxpayer's electronic Arizona individ	
1 Arizona Adjuste 2 Balance Of Tax 3 Arizona Income Check box 4 or box 4 X REFUND. Ente 5 AMOUNT YOU Box 4 Checkbox account listed in the	e Tax Withheld • 3 900 00 5: er the amount of refund • • • • • • • • • • • • • • • • • • •	PART II - FINANCIAL INSTIT Must be present when request TYPE OF ACCOUNT Checking Savings ACCOUNT NUMBER 1 2 3 1 2 3 1 2 DIRECT DEBIT REQUEST DATE ed on the information provided on your tax return. Yo ction (Part II).	ting direct debit or deposit. ROUTING NUMBER 0 2 1 2 3 4 5 6 7 BURECT DEBIT PAYMENT AMOUNT \$ Ur refund amount will be deposited in the
		unt and on the date listed in the Financial Institution l	
PART III DECLA	ARATION AND SIGNATURE AUTHO	RIZATION (Sign only after completing Part II)	
for the year ending Do adjusted gross income tax reference for the year ending Do adjusted gross income tax reference for the following for the following for the year of the	ecember 31, 2007, and to the best of my knowle, total tax, Arizona income tax withheld, and resturn. Insent that my refund be directly deposited as dit return, this is an irrevocable appointment of the not want direct deposit of my refund or I am not thorize the Arizona Department of Revenue (Dry to the financial institution account indicated in financial institutions involved in the processing resolve issues related to the payment. The deep return, I understand that if the DOR doe II applicable interest and penalties. When electricated portion of my state return will also be rejected. The refunding to DOR, and I consent to my ERO or OLS titer an acknowledgement of receipt of transmissing for the rejection. If the processing of my retry, or when the refund was sent. If DOR contact ize my ERO to release copies of the requested	of receiving a refund. OR) and its designated Financial Agent to initiate an ACH electron the tax preparation software for payment of my Arizona taxes ow of the electronic payment of taxes to receive confidential informates not receive full and timely payment of my tax liability by April 15 conically filing my federal and state tax returns, I understand that if the error of the error of the electronic Arizona individual incompression and an indication of whether or not the transmister. I consistent and an indication of whether or not the transmission of my return or refund is delayed, I authorize DOR to disclose to my ERO, as my ERO for a copy of my return, any attachments or schedules documents to DOR.	that the amounts of Arizona he paper copy of my electronic ncome tax return. If I have filed a nic funds withdrawal (direct debit) wed on this return. I also authorize tion necessary to answer inquiries 6, 2008, I will remain liable for f there is an error on my federal me tax return and accompanying ent to DOR sending my ERO, turn is accepted and, if the return OLSP and/or transmitter the to my return, and/or this autho-
ERO makes the elect will have signed my A and complete. I further	(ELECTRONIC RETURN ORIGINATOR serve as my signature to my electronic Arizona tion that my electronic signature to my federal in Arizona individual income tax return and declare	. individual income tax return for the year ending December 31, 20 ndividual income tax return will serve as my signature to my Arizo ad under penalites of perjury that to the best of my knowledge and election of my electronic signature to my federal individual income	07. I understand that when my na individual income tax return, I d belief the return is true, α
P L E A YOUR PEN		10-09-20	007
SE	I AND INK SIGNATURE PEN AND INK SIGNATURE	DATE	

ARIZONA SCHEDULE 1

Listing of Additional Dependents, Parents/Ancestors, Other Additions, and Other Subtractions

2007

Name(s) as s	shown on Forms 140, 140A, 140NR, or 1	40PY	Social Security Number
TEST	Z	SHORTY	400-00-7509

Additional	Depende	nts
------------	---------	-----

				No. of Months Lived
	FIRST AND LAST NAME	SSN	RELATIONSHIP	in Your Home in 2007
Dependent 4 W	ENDY SHORTY	189-19-8198	DAUGHTER	12
Dependent 5				
Dependent 6				
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				
Additional Qualify	/ing Parent/Ancestors			
Parent/Ancestor 2				
Parent/Ancestor 3				
Parent/Ancestor 4				
Other Additions L	isting			-
	Description			Amount

	Description	Amount
A.	Pension Adjustments	
В.	Married Persons Filing Separate Returns	
C.	Partnership Income	
D.	Fiduciary Adjustment	
E.	Net Operating Losses	
F.	Items Previously Deducted for Arizona Purposes	
G.	Claim of Right Adjustment for Amounts Repaid in 2007	
Н.	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
I.	Addition to S Corporation Income Due to Credits Claimed	
J.	Solar Hot Water Heating Plumbing Stub Out And Electric Vehicle Recharge Outlet Expenses	
K.	Wage Expense for Employers of TANF Recipients	
L.	Motion Picture Production Expenses	
M.	Adj. Basis in Prop. for Which You Have Claimed a Credit For Investment In Qualified Small Businesses	
N.	Depreciation or Amortization for a Water Conservation System	
0.	Agricultural Water Conservation System Credit	
P.	Other Adjustments (see instructions)	
	Total Other Additions	

Other Subtractions Listing

	Description	Amount
Α.	Previously Reported Gain on Decedent's Installment Sale	
В.	Fiduciary Adjustment	
C.	Partnership Income	
D.	Federally Taxable Arizona Municipal Interest	
E.	Adoption Expenses	
F.	Qualified Wood Stove, Wood Fireplace, or Gas Fired Fireplace	
G.	Claim of Right Adjustment for Amounts Repaid in Prior Taxable Years	
Н.	Certain Expenses Not Allowed for Federal Purposes	
I.	Qualified State Tuition Program Distributions	
J.	Subtraction for World War II Victims	
K.	Installment Sale Income From Another State Taxed by the Other State in a Prior Taxable Year	
L.	Agricultural Crops Given to Arizona Charities	
M.	Basis Adjustment for Property Sold or Otherwise Disposed of During the Taxable Year	
N.	Adjustment for IRC § 179 Expense Not Allowed	
Ο.	Displaced Pupil Choice Grant Awards	
Ρ.	Other Adjustments (see instructions)	
	Total Other Subtractions	

a Control number		OMB No. 1545	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
64-1234567			20,000	1,000
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
UCAN WINABUNDLE RIVE	RBOAT		20,000	1,240
			5 Medicare wages and tips	6 Medicare tax withheld
12 QUEEN OF HEARTS B	LVD		20,000	290
TEMPE	AZ	85280	7 Social security tips	8 Allocated tips
d Employee's social security number 400-00-7509			9 Advance EIC payment 500	10 Dependent care benefits
	ast name	Suff.	11 Nonqualified plans	12a See instructions for box 12 C g e
TEST Z CANAS	TA		13 Statutory employee plan Third-party sick pay	12b C 8e
12 QUEEN OF HEARTS B	LVD		14 Other	12c C
TEMPE	ΑZ	85280		8 e
f Employee's address and ZIP code				12d C g g
	wages, tips, etc. 17	State income tax	18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name
AZ 12-1212888	20,000	900		
	20,000			

2007

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internal Revenue Service

The information on the Form W-2 was used to prepare the taxpayer's 2007 Federal tax return by



a Control number		OMB No. 1545	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
11-1222333			5,500	
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
THE EMPLOYEER			5,500	341
			5 Medicare wages and tips	6 Medicare tax withheld
THE ROAD			5,500	80
WAYNESVILLE	NC 28	786	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-7509				
e Employee's first name and initial La	st name	Suff.	11 Nonqualified plans	12a See instructions for box 12 C
TEST Z SHORTY			13 Statutory employee Retmnt. Third-party sick pay	12b C 8
12 QUEEN OF HEARTS BI TEMPE		280	14 Other	12c Co e
				12d C g e
f Employee's address and ZIP code			1	
	wages, tips, etc. 17 St	ate income tax	18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name
AZ 12-2556711	5,500		1	
				4 1)
				·

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 F



Test 7510 Form 140EZ ARIZONA

SSN: 400-00-7510

Description: EZ Form, MFJ, Direct Debit, STATE ONLY

Arizona Information:

Forms used: Form 140EZ, Form AZ-8453

Other:

Clean Election Deduction = 5

Contribution to Clean Elections Fund = 2

Family Income Tax Credit = 80

Income Information:	Total
Wages from two W-2 Forms	19,999
Federal AGI	19,999

Fast Safe Secure

Resident Personal Income Tax Return (EZ Form)

If you are claiming estimated payments, you <u>must</u> use Arizona Form 140.

2007

	If your Arizona taxable incon		nore, you <u>n</u>			
YOU	JR FIRST NAME AND INITIAL	LAST NAME		YOUR S	OCIAL S	ECURITY NO. (required)
1	Danny S	EZEE				-7510
IF A	JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME		SPOUSE	'S SOCI	AL SECURITY NO. (requir
1	Mary J	EZEE		400	<u>-00</u> -	-7560
PRE	ESENT HOME ADDRESS - NUMBER & STREET, RURAL ROUTE APT. NO.	DAYTIME PHONE (with area code) 89 X		
2	215 LAID BACK WAY	602-55	55-1212	1 — –		
HOI	ME ADDRESS CONTINUED	HOME PHONE (with			this be	ox if:
2		94		82F 3	Filin	g under extension
CIT	Y, TOWN OR POST OFFICE STATE ZIP CO	DDE		FOR DOR U	SE ONLY	<u> </u>
3	PHOENIX, AZ 85014					
			1			
A t	FILING STATUS: Check one box.					
ť	4 X Married filing joint return					
a C	5 Single		88			
C h	o ingle		00			
W- 2						
2			81	1	30	
t	C. Fadand adjusted assessing a few second for the few seconds.		81			1 2 2 2 2 2
0	6 Federal adjusted gross income from your federal return • • •				6	19999 00
Ī	7 Standard deduction and personal exemption. If you checked fi				l <u>_</u> l	
a s	checked filing status box 5, enter \$6,473 • • • • • • • • • •				7	12945 00
t	8 Arizona taxable income. Subtract line 7 from line 6. If less than	•		or more,		
р	use Form 140 • • • • • • • • • • • • • • • • • • •				8	7054 00
p a	•				9	183 00
g e	10 Clean Elections Fund Tax Reduction. See instructions page 4.	101 YOURS	ELF 102	X SPOUSE · · · ·	11	5 00
0	12 Reduced tax. Subtract line 11 from line 9 · · · · · · · · ·				12	178 ⁰⁰
f	13 Family income tax credit from worksheet on page 5 of instruction	ons • • • • •			13	80 00
t	14 Clean Elections Fund Tax Credit from worksheet on page 5 of	the instructions			14	00
h e	15 Balance of tax. Subtract lines 13 and 14 from line 12. If the sur	m of lines 13 and 1	4 is more th	nan		
	line 12, enter zero • • • • • • • • • • • • • • • • • • •				15	98 00
r e	Arizona income tax withheld during 2007		16	10 00	•	,
t u	17 Amount paid with 2007 Arizona extension request (Form 204)		17	00	-	
r	18 Increased Excise Tax Credit from worksheet on page 6 of the i		18	50 00		
n.	, ,				19	60 00
	20 TAX DUE: If line 15 is larger than line 19, subtract line 19 from					
A T	the amount of tax due. Skip lines 21 and 23 · · · · · · ·				20	38 00
Т	21 OVERPAYMENT. If line 19 is larger than line 15, subtract line 1				21	00
A C	22 VOLUNTARY CONTRIBUTION TO THE CITIZENS CLEAN E					1
Н	See page 6 of instructions. If making a contribution, check this					
P	enter the amount •••••••••••••••••	2211 🔏	22	2 00	1	
A Y	OR DEFINE Contract the CO from the CA If he at the contract to	amount owed on I		<u> </u>	23	loc
M	Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER		C [Checking or	+	
AYMENT	ROUTING NUMBER ACCOUNT NUMBER 98		s [Savings		
1	24 AMOUNT OWED. Add lines 20 and 22. Make check payable to	Arizona Denartm	- L			
H	include SSN on payment		01 116461		24	40 00
H E R E	Payment enclosed. Check the box and attach payment	of DIFASE DO N	OT SEND (ASH		40
E.	25 Last name(s) used in prior years, if different from name(s) used		O I OLIND	/AVIII	J	
	Last name(s) used in prior years, it different from name(s) used	u iii cuirent year:				
					_	
P L	I have read this return and any attachments with it. Under penalties of perjury,		•	•		
E	true, correct and complete. Declaration of preparer (other than taxpayer) is bas			rei rias any knowledge.		
A S	YOUR CLOUD TURE	<u> 10-09</u>	<u>9-2007</u>	COOK		
Ě	YOUR SIGNATURE	DATE		OCCUPATION		
s	<u> </u>	<u> 10-09</u>	<u> 1–2007</u>	<u>part time</u>		<u> </u>
I G	SPOUSE'S SIGNATURE	DATE		SPOUSE'S OCCUPATION	ON	
N		John	Smith			
н	PAID PREPARER'S SIGNATURE	FIRM'S NAI	ME (PREPARE	ER'S IF SELF-EMPLOYED)	
Е	<u>P24680000 10-09-2007</u>					
R	DAID DDEDADEDIS TINI DATE DI	VID DDEDVDEDIG VD	DDESS			

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

ARIZONA FORM

a Control number		OMB No. 154	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
11-6321571			2,000	300
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
LOAFERS SANDWICH S	HOPPE		2,000	124
			5 Medicare wages and tips	6 Medicare tax withheld
14A LOAFERS LAND			2,000	29
LAZY POINT	NY	11930	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-7560			44	12a See instructions for box 12
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans	C S See Instructions for Box 12
MARY J EZE	E		13 Statutory Retmnt. Third-party sick pay	12b C 8e
215 LAID BACK WAY			14 Other	12c
PHOENIX	AZ	85014		<u>8</u>
				12d
				C
f Employee's address and ZIP code				
	State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
AZ 11-6321571	2,000	10	I I	
	_,			
Mana and Tay			· · · · · · · · · · · · · · · · · · ·	

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 Freturn by John Smith.



a Control number		0	MB No. 1545-0	Safe, accurate FAST! Use	, IRS e-f	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN)				1 Wages, tips, other comp	ensation	2 Federal income tax withheld
11-6321572				17.	.999	895
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld
LOAFERS SANDWICH SH	OPPE			17,	,999	1,116
				5 Medicare wages and tipe		6 Medicare tax withheld
MAIN STREET PLAZA				17,	,999	261
Phoenix	AZ	8502	4	7 Social security tips		8 Allocated tips
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits
400-00-7510						40- One instructions for how 40
e Employee's first name and initial	Last name		Suff.	11 Nonqualified plans		12a See instructions for box 12 C
DANNY S EZEE				13 Statutory Retmnt. T employee plan s	hird-party sick pay	12b C Q e
215 LAID BACK WAY				14 Other		12c C
PHOENIX	AZ	8501	4			Coge
						12d
						C e
f Employee's address and ZIP code					l	
		17 State inc	come tax	18 Local wages, tips, etc.	19 Local inc	ome tax 20 Locality name
AZ 11-631572	<u> 17,999</u>					
					•	4 1)
						·
Wana and Tax						

2007

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2007 $\rm F$ return by John Smith.